

General Information

The Provider Enrollment tab will route you to the Provider Enrollment Application Status Tracking page. From this page a provider wishing to enroll for the first time as a Medicaid provider or a current Medicaid provider wishing to enroll under an additional provider type can chose an application based on provider type.

This page will also let the provider track the application's status through the application approval process, showing the application status and percentage of completion. The application status also gives the provider the capability to upload missing data, view letters sent to the provider, etc.

The provider enrollment process is integrated with the Business Process Framework (BPF) workflow software that is used during the processing of the application. The workflow is how the status and percentages are fed to the application tracking page.

Data Elements

Data Elements Not Previously defined

- Provider Suffix (PDE-0500)
- Provider Title (PDE-0501)
- Provider IRS Name (PDE-0502)
- Provider DBA (PDE-0504)
- Enrollment Requested Effective Date (PDE-0505)
- Licensing Board (PDE-0506)
- License Issuing State (PDE-0507)
- License Entity (PDE-0508)
- Mammo Certificate Ind (PDE-0509)
- Application Type (PDE-0510)
- Signature Waiver Ind (PDE-0511)
- From EIN (PDE-0516)
- Who EIN (PDE-0517)
- Date Screened (PDE-0529)
- Action Indicator (PDE-0530)
- Record Sequence Number (PDE-0531)
- Criminal Offenses Ind (PDE-0534)
- EFT – Banking Institution (PDE-0546)
- EFT – Routing Number (PDE-0547)
- EFT – Account Number (PDE-0548)
- EFT Exemption Ind (PDE-0549)
- EFT Exemption Reason (PDE-0550)
- Electronic Claims Excpt Reason (PDE-0555)
- Electronic Claims Excpt Reason - Other (PDE-0556)
- Group Tax ID (PDE-0557)
- ROB Certification Ind (PDE-0558)
- Auth Admin Ind (PDE-0559)
- Auth Admin Name (PDE-0560)
- Remarks (PDE-0563)
- Agreement Date (PDE-0564)
- POS Billing Ind (PDE-0570)
- Medicare Certification Date (PDE-0572)
- Currently Enrolled Ind (PDE-0583)
- Responsible Contract Signing – Last Name (PDE-0584)
- Responsible Contract Signing – First Name (PDE-0585)
- Responsible Contract Signing – Office Phone (PDE-0587)
- Responsible Contract Signing – Report To First Name (PDE-0588)
- Responsible Contract Signing – Reports To Last Name (PDE-0589)
- Responsible Contract Signing – Mgmt of Medicaid Programs Ind (PDE-0590)

- Chief Admin – Last Name (PDE-0591)
- Chief Admin – First Name (PDE-0592)
- Chief Admin –Title (PDE-0593)
- Chief Admin –Office Phone (PDE-0594)
- Chief Admin –Report To Last Name (PDE-0595)
- Chief Admin –Report To First Name (PDE-0596)
- Onsite Contact - Last Name (PDE-0597)
- Onsite Contact - First Name (PDE-0598)
- Onsite Contact - Title (PDE-0599)
- Application Tracking Number (PDE-0900)
- Application Status (PDE-0902)
- Application Percent Complete (PDE-0903)
- License Begin Date (PDE-0906)
- License End Date (PDE-0907)
- Facility Administrator First Name (PDE-0908)
- Facility Administrator Middle Initial (PDE-0909)
- Facility Administrator Last Name (PDE-0910)
- Record Code (PDE-0911)
- Case Type (PDE-0912)
- Type of Service Ind (PDE-0914)
- APIN Indicator (PDE-0915)
- Administrator Last Name (PDE-0916)
- Administrator First Name (PDE-0917)
- ORP Indicator (PDE-0919)
- ORP Provider Type (PDE-0920)
- Responsible Contract Signing - Title (PDE-0922)
- Onsite Contact – Office Phone (PDE-0923)
- Onsite Contact – Report To Last Name (PDE-0924)
- Onsite Contact – Report To First Name (PDE-0925)
- Chief Corp Officer – Last Name (PDE-0926)
- Chief Corp Officer – First Name (PDE-0927)
- Chief Corp Officer – Title (PDE-0928)
- Chief Corp Officer – Office Phone (PDE-0929)
- Chief Corp Person – Last Name (PDE-0930)
- Chief Corp Person – First Name (PDE-0931)
- Chief Corp Person – Title (PDE-0932)
- Chief Corp Person – Office Phone (PDE-0933)
- Geographic Area Served (PDE-0934)
- Ownership – First Name (PDE-0935)
- Ownership – Last Name (PDE-0936)
- Ownership – Percent (PDE-0937)
- Ownership – Address (PDE-0938)
- Ownership – City (PDE-0939)
- Ownership – State (PDE-0940)
- Ownership – Zip (PDE-0941)

- Staff Credentials – Last Name (PDE-0943)
- Staff Credentials – First Name (PDE-0944)
- Staff Credentials – Title (PDE-0945)
- Staff Credentials – Phone (PDE-0946)
- Staff Credentials – Reports To Last Name (PDE-0947)
- Staff Credentials – Reports To First Name (PDE-0948)
- Staff Credentials – Full/Part Time Ind (PDE-0949)
- Staff Credentials – Degree Ind (PDE-0950)
- Staff Credentials – Degree Type (PDE-0951)
- Staff Credentials – Clinical Experience (PDE-0952)
- Higher Rate Ind (PDE-0953)
- Insolvency Rate Ind (PDE-0954)
- Program Review Confirmation (PDE-0955)
- NPI Type (PDE-0956)
- Chief Admin – Mgmt of Medicaid Programs Ind (PDE-0962)
- ROB Certification date (PDE-0963)
- Staff Credentials – Responsible Person Qualifications (PDE-0964)
- Staff Credentials - Family Caregiver Training Qual Ind (PDE-0966)
- Staff Credentials – Name (PDE-0967)
- Staff Credentials – Profession (PDE-0968)
- Staff Credentials – Reports To Name (PDE-0969)
- Staff Credentials – License Ind (PDE-0970)
- Staff Credentials – License (PDE-0971)
- Staff Credentials – License Begin Date (PDE-0972)
- Staff Credentials – License End Date (PDE-0973)
- Staff Credentials – Licensed Through (PDE-0974)
- Attachment Type Ind (PDE-0975)
- Attachment File Name (PDE-0976)
- Payment Type Ind (PDE-0977)
- Application Payment Amount (PDE-0978)
- Early Intervention – Class Type Update (PDE-0979)
- Onsite Contact – Mgmt of Medicaid Programs Ind (PDE-0980)
- Provider Last Name (PDE-0981)
- Provider First Name (PDE-0982)
- Provider Middle Initial (PDE-0983)
- Rate Sheet Established (PDE-0984)
- Error Code (PDE-0985)
- Error Name (PDE-0986)
- Error Message (PDE-0987)
- Pay Fee to VA Ind(PDE-0988)
- Early Intervention Service Type (PDE-0989)

Data Elements Previously defined

- Provider ID (NPI/API) (Pde-0610)
- FEIN/SSN (Pde-0611)
- Provider Name (Pde-0613)
- Provider Group ID (Pde-0615)
- Group Name (Pde-0616)
- Provider Type (Pde-0622)
- Provider Type Description (Pde-0623)
- License Number (Pde-0624)
- Specialty Code (Pde-0625)
- Specialty Code Description (Pde-0626)
- Languages (Pde-0627)
- Servicing Address - Attn (Pde-0628)
- Servicing Address – Office Phone (Pde-0629)
- Servicing Address – Office Ext (Pde-0630)
- Servicing Address – Fax (Pde-0631)
- Servicing Address – Address 1 (Pde-0632)
- Servicing Address – City (Pde-0633)
- Servicing Address – State (Pde-0634)
- Servicing Address – Zip (Pde-0635)
- Servicing Address – Zip Extn (Pde-0636)
- Servicing Address – 24 Hr Phone (Pde-0637)
- Servicing Address – TDD (Pde-0639)
- Servicing Address – Email (Pde-0641)
- Servicing Address – Contact Name (Pde-0642)
- Servicing Address – Contact Phone (Pde-0643)
- Correspondence Address – Attn (Pde-0645)
- Correspondence Address – Office Phone (Pde-0646)
- Correspondence Address – Office Ext (Pde-0647)
- Correspondence Address – Fax (Pde-0648)
- Correspondence Address – Address (Pde-0649)
- Correspondence Address – City (Pde-0650)
- Correspondence Address – State (Pde-0651)
- Correspondence Address – Zip (Pde-0652)
- Correspondence Address – Zip Extn (Pde-0653)
- Correspondence Address – TDD (Pde-0654)
- Correspondence Address – Email (Pde-0656)
- Pay To Address – Address (Pde-0657)
- Pay To Address – Office Phone (Pde-0658)
- Pay To Address – Office Ext (Pde-0659)
- Pay To Address – Fax(Pde-0660)

- Pay To Address – Address (Pde-0661)
- Pay To Address – City (Pde-0662)
- Pay To Address – State (Pde-0663)
- Pay To Address – Zip (Pde-0664)
- Pay To Address – Zip Extn (Pde-0665)
- Pay To Address – TDD (Pde-0666)
- Pay To Address – Email (Pde-0668)
- Pay To Address – Contact Name (Pde-0669)
- Pay To Address – Contact Phone (Pde-0670)
- Remittance Advice Address – Attn (Pde-0673)
- Remittance Advice Address – Office Phone (Pde-0674)
- Remittance Advice Address – Office Ext (Pde-0675)
- Remittance Advice Address – Fax (Pde-0676)
- Remittance Advice Address – Address (Pde-0677)
- Remittance Advice Address – City (Pde-0678)
- Remittance Advice Address – State (Pde-0679)
- Remittance Advice Address – Zip (Pde-0680)
- Remittance Advice Address – Zip Extn (Pde-0681)
- Remittance Advice Address – TDD (Pde-0682)
- Remittance Advice Address – Email (Pde-0684)
- Provider Date of Birth (Pde-0685)
- Bypass Label Ind (Pde-0687)
- Disclosed Entity – First Name (Pde-0688)
- Disclosed Entity – Last/Org Name (Pde-0689)
- Disclosed Entity – Title (Pde-0690)
- Disclosed Entity – Date of Birth (Pde-0691)
- Disclosed Entity – SSN/TIN (Pde-0692)
- Disclosed Entity – Entity Type (Pde-0693)
- Disclosed Entity – Address (Pde-0694)
- Disclosed Entity – City (Pde-0695)
- Disclosed Entity – State (Pde-0696)
- Disclosed Entity – Zip (Pde-0697)
- Disclosed Entity – Percent (Pde-0698)
- Relationship – First Name (Pde-0699)
- Relationship – Last Name (Pde-0700)
- Relationship - Type (Pde-0701)
- Relationship To – First Name (Pde-0702)
- Relationship To – Last Name (Pde-0703)
- Subcontractor – First Name (Pde-0704)
- Subcontractor – Last/Org Name (Pde-0705)
- Subcontractor – Title (Pde-0706)
- Subcontractor – Date of Birth (Pde-0707)
- Subcontractor – SSN/TIN (Pde-0708)
- Subcontractor – Address (Pde-0709)
- Subcontractor – City (Pde-0710)

- Subcontractor – State (Pde-0711)
- Subcontractor – Zip (Pde-0712)
- Subcontractor – Percent (Pde-0713)
- Other Entity – First Name (Pde-0714)
- Other Entity – Last/Org Name (Pde-0715)
- Other Entity – Title (Pde-0716)
- Other Entity – Date of Birth (Pde-0717)
- Other Entity – SSN/TIN (Pde-0718)
- Other Entity – Address (Pde-0719)
- Other Entity – City (Pde-0720)
- Other Entity – State (Pde-0721)
- Other Entity – Zip (Pde-0722)
- Other Entity – Percent (Pde-0723)
- Criminal Offenses – First Name (Pde-0724)
- Criminal Offenses – Last/Org Name (Pde-0725)
- Criminal Offenses – Title (Pde-0726)
- Criminal Offenses – Date of Birth (Pde-0727)
- Criminal Offenses – SSN/TIN (Pde-0728)
- Criminal Offenses – Address (Pde-0729)
- Criminal Offenses – City (Pde-0730)
- Criminal Offenses – State (Pde-0731)
- Criminal Offenses – Zip (Pde-0732)
- Assessed Fines – First Name (Pde-0733)
- Assessed Fines – Last/Org Name (Pde-0734)
- Assessed Fines – Date of Birth (Pde-0735)
- Assessed Fines – SSN/TIN (Pde-0736)
- Assessed Fines – Address (Pde-0737)
- Assessed Fines – City (Pde-0738)
- Assessed Fines – State (Pde-0739)
- Assessed Fines – Zip (Pde-0740)
- Adverse Legal Action Indicator (Pde-0741)
- Attestation Indicator (Pde-0742)
- Electronic Signature (Pde-0743)
- Provider Screening - Agency (Pde-0744)
- Provider Screening - Medicaid State (Pde-0745)
- Provider Screening - Approval Date (Pde-0746)
- Provider Screening - Screening Status Ind (Pde-0747)
- Revalidation – Hardship Submitted Date (Pde-0749)
- Revalidation – Fee Agency (Pde-0750)
- Revalidation – Medicaid State (Pde-0751)
- Revalidation – Fee Paid Date (Pde-0752)
- Appl/Disc/Reval Tracking Number (Pde-0753)
- PES User ID (Pde-0757)
- Document Control Number (Pde-0758)
- Revalidation – Hardship Ind (Pde-0760)

- Revalidation – Fee Paid Ind (Pde-0761)

Provider Suffix (PDE-0500)

General Information

This is the suffix that might be applicable to the provider (i.e. Jr, Sr, I, II, etc.)

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 2, 6, 8, 12, 15, 17, 20, 21, & 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Title (PDE-0501)

General Information

This is the provider's title.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	5
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 2, 6, 8, 12, 15, 17, 20, 21, & 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider IRS Name (PDE-0502)

General Information

This is the name that the provider utilizes with the IRS for tax purposes.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider DBA (PDE-0504)

General Information

This is the name that the provider is doing business as, if other than the IRS name.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Enrollment Requested Effective Date (PDE-0505)

General Information

This is the date that the provider would like to have the application take effect on.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box/Calendar Widget
Data Type	Date
Field Type	Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Licensing Board (PDE-0506)

General Information

This is the licensing board that issued the license to the provider.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Data Type	String
Field Type	Required/Optional
Size	100
MMIS Data Element	Provider Licensing Board
MMIS DE Number	4075

Business Rules

Required if a license number or issuing state is entered.

Valid Values

- ABCOP - American Board for Certification on Orthotics and Prosthetics
- ACHC - Accreditation Commission for Health Care, Inc. Certification
- BCABA - Board Certified Assistant Behavior Analysts
- BCBA - Board Certified Behavior Analysts
- BOC - Board of Certification
- BOP - Board of Pharmacy
- Business License - Business License
- CHAP - Community Health Accreditation Program
- CLIA - Clinical Laboratory Improvement Amendments
- CMS - Centers for Medicare and Medicaid Services
- DME - DME License Board
- DPOR - Department of Professional and Occupational Regulation
- DRS - Department of Rehabilitative Services
- DSS - Department of Social Services
- EMS - Emergency Medical Services Certificate

- JCAHO - Joint Commission on Accreditation of Healthcare Organization
- NCTRC - North Central Texas Regional Certification Agency

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 3, 20, & 21

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

License Issuing State (PDE-0507)

General Information

This is the state that issued the license to the provider.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Data Type	String
Field Type	Required/Optional
Size	2
MMIS Data Element	Provider Licensing State
MMIS DE Number	4076

Business Rules

- Required for Application Groups 2, 20, 21, & 26
- Optional for Application Group 3

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 2, 3, 20, 21, and 26
 -

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

License Entity (PDE-0508)

General Information

This is entity within the state that licensed the provider.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	45
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 3

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Mammo Certificate Ind (PDE-0509)

General Information

This indicates rather the provider has a FDA mammography certification or not.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Radio Button
Data Type	String
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 1, 2, 3, & 5

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Application Type (PDE-0510)

General Information

This is the type of application being filled out for the provider.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box
Data Type	String
Field Type	Required
Size	25
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Corporation
- Individual
- Partnership
- Group Practice
- Limited Liability Company

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 2 & 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Signature Waiver Ind (PDE-0511)

General Information

This field indicates whether the provider authorizes the submission of Medicaid claims which contain the provider's typed, computer generated or stamped signature.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Radio Button
Data Type	String
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Relationship From EIN/SSN (PDE-0516)

General Information

This is the EIN/SSN of the entity on the from side of the relationship.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	N/A
Data Type	String
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity SSN/TIN
MMIS DE Number	4832

Business Rules

Only applicable when there are multiple instances of disclosed entity information.

Valid Values

N/A

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Relationship Who EIN/SSN (PDE-0517)

General Information

This is the EIN/SSN of the entity that/whom the relationship is with.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	N/A
Data Type	String
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity SSN/TIN
MMIS DE Number	4832

Business Rules

Only applicable when there are multiple instances of disclosed entity information.

Valid Values

N/A

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Date Screened (PDE-0529)

General Information

This is the date that the entity was last screened. If previously screened, this is the screening approval date.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Date
Field Type	N/A
Size	10
MMIS Data Element	Screening Date
MMIS DE Number	4803

Business Rules

Format is MM/DD/YYYY

Valid Values

N/A

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Action Indicator (PDE-0530)

General Information

This is the type of action that was taken on the record.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	Provider Screening-Related Change Indicator
MMIS DE Number	4882

Business Rules

- Space - Add (use for all new applications and additions on disclosure and revalidation)
- C – Change (use for updates on disclosure and revalidation only)
- D – Delete (use for removal of disclosure and revalidation records only)

Valid Values

N/A

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Record Sequence Number (PDE-0531)

General Information

MMIS sequence number for use in identifying the record to be updated.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Numeric
Field Type	N/A
Size	4
MMIS Data Element	Provider Data Base Sequential Number
MMIS DE Number	4551

Business Rules

- Space - Add (use for all new applications and additions on disclosure and revalidation)
- C – Change (use for updates on disclosure and revalidation only)
- D – Delete (use for removal of disclosure and revalidation records only)

Valid Values

N/A

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Criminal Offenses Ind (PDE-0534)

General Information

This field indicates whether any individual or organization who has ownership or controlling interest (5% or more) has ever been convicted or assessed fines or penalties for any health related crime.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Radio Button
Data Type	String
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

EFT – Banking Institution (PDE-0546)

General Information

This field is the banking institution that will be used for EFT claims payments.

Page	Online Provider Enrollment
Portlet Name	Section III: Claim Payment and Processing Information
Element Type	Text Box
Data Type	String
Field Type	Situationally Required
Size	25
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if EFT Ind = 'Y'

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0008 – Claim Payment and Processing Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

EFT – Routing Number (PDE-0547)

General Information

This field is the routing number associated with the banking institution that will be used for EFT claims payments.

Page	Online Provider Enrollment
Portlet Name	Section III: Claim Payment and Processing Information
Element Type	Text Box
Data Type	String
Field Type	Situationally Required
Size	9
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if EFT Ind = ‘Y’

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0008 – Claim Payment and Processing Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

EFT – Account Number (PDE-0548)

General Information

This field is the account number associated with the banking institution that will be used for EFT claims payments.

Page	Online Provider Enrollment
Portlet Name	Section III: Claim Payment and Processing Information
Element Type	Text Box
Data Type	String
Field Type	Situationally Required
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if EFT Ind = ‘Y’

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0008 – Claim Payment and Processing Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

EFT Exemption Ind (PDE-0549)

General Information

This field indicates why the provider is filing for an exemption from participation in EFT.

Page	Online Provider Enrollment
Portlet Name	Section III: Claim Payment and Processing Information
Element Type	Check Box
Data Type	String
Field Type	Situationally Required
Size	6
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if EFT Ind = 'N'

Valid Values

- Unable – Unable to transact business through a banking institution capable of EFT
- Other – Other reason for exemption consideration

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0008 – Claim Payment and Processing Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

EFT Exemption Reason (PDE-0550)

General Information

This field indicates the reason that the provider is filing for an exemption from participation in EFT.

Page	Online Provider Enrollment
Portlet Name	Section III: Claim Payment and Processing Information
Element Type	Check Box
Data Type	String
Field Type	Optional
Size	6
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if EFT Ind = 'N'

Valid Values

- Unable - Unable to transact business through a banking institution capable of EFT
- Other - Other reason for exemption consideration

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0008 – Claim Payment and Processing Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Electronic Claims Excpt Reason (PDE-0555)

General Information

This field indicates why the provider is filing for an exemption from submitting their claims electronically.

Page	Online Provider Enrollment
Portlet Name	Section III: Claim Payment and Processing Information
Element Type	Check Box
Data Type	String
Field Type	Optional
Size	20
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unavailable - Unavailability of the infrastructure necessary to support electronic claims submission
- No_mechanism - No mechanism for electronic submission for the particular types of claims for billing Medicaid
- Financial_Hardship - Financial Hardship
- Other 0 Other

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0008 – Claim Payment and Processing Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Electronic Claims Excpt Reason - Other (PDE-0556)

General Information

This field indicates why the provider is filing for an exemption from submitting their claims electronically, if other than any listed.

Page	Online Provider Enrollment
Portlet Name	Section III: Claim Payment and Processing Information
Element Type	Text Box
Data Type	String
Field Type	Situationally Required
Size	70
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

This field is required when the 'Other' option is selected under Electronic Claims Excpt Reason (PDE-0555)

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0008 – Claim Payment and Processing Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Group Tax ID (PDE-0557)

General Information

This field is the taxpayer identification number for the group practice.

Page	Online Provider Enrollment
Portlet Name	Section IV: Reassignment of Benefits (ROB)
Element Type	Text Box
Data Type	String
Field Type	Situationally Required
Size	9
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if any other fields are entered on the Reassignment of Benefits page

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0010 – Reassignment of Benefits (ROB)
 - Application Groups 2 & 8

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

ROB Certification Ind (PDE-0558)

General Information

This field indicates that the user certifies that the reassignment of benefits statement authorized the business entity to receive payment.

Page	Online Provider Enrollment
Portlet Name	Section IV: Reassignment of Benefits (ROB)
Element Type	Check Box
Data Type	String
Field Type	Situationally Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if any other fields are entered on the Reassignment of Benefits page

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0010 – Reassignment of Benefits (ROB)
 - Application Groups 2 & 8

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Auth Admin Ind (PDE-0559)

General Information

This field indicates that the authorized administrator has validated to the accuracy of the group practice information submitted.

Page	Online Provider Enrollment
Portlet Name	Section IV: Reassignment of Benefits (ROB)
Element Type	Check Box
Data Type	String
Field Type	Situationally Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if any other fields are entered on the Reassignment of Benefits page

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0010 – Reassignment of Benefits (ROB)
 - Application Groups 2 & 8

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Auth Admin Name (PDE-0560)

General Information

This field is the name of the authorized administrator validating the accuracy of the group practice information submitted.

Page	Online Provider Enrollment
Portlet Name	Section IV: Reassignment of Benefits (ROB)
Element Type	Text Box
Data Type	String
Field Type	Required
Size	80
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if any other fields are entered on the Reassignment of Benefits page

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0010 – Reassignment of Benefits (ROB)
 - Application Groups 2 & 8

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remarks (PDE-0563)

General Information

This field is for any additional information that the provider would like to furnish with the application.

Page	Online Provider Enrollment
Portlet Name	Section III: Claim Payment and Processing Information Section IV: Home and Community Based Care Services Demographics Section IV: Reassignment of Benefits (ROB)
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	500
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0008 – Claim Payment and Processing Information
 - All Application Groups
- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19
- PES-S-0010 – Reassignment of Benefits (ROB)
 - Application Groups 2 & 8

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Agreement Date (PDE-0564)

General Information

This field is the participation agreement signature date.

Page	Online Provider Enrollment
Portlet Name	Participation Agreement
Element Type	Text Box
Data Type	Date
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0011 – Participation Agreement
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

POS Billing Ind (PDE-0570)

General Information

This field indicates whether the provider has enrolled in Point of Sale for services rendered to Medicaid members.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box
Data Type	Character
Field Type	Optional
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y - Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 3

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Medicare Certification Date (PDE-0572)

General Information

This is the date that the provider was fully certified for participation with Title XVIII (Medicare) of Public Law 89-97.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box/Calendar Widget
Data Type	Date
Field Type	Situationally Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Display date format as MM/DD/YYYY

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 25

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Currently Enrolled Ind (PDE-0583)

General Information

This field indicates whether the organization is currently as a Virginia Medicaid enrolled provider.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Check Box
Data Type	Character
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if

Valid Values

- Y – Yes
- N – No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Responsible Contract Signing – Last Name (PDE-0584)

General Information

This is the last name of the person responsible for signing the contract.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Responsible Contract Signing – First Name (PDE-0585)

General Information

This is the first name of the person responsible for signing the contract.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Responsible Contract Signing – Office Phone (PDE-0587)

General Information

This is the office phone number of the person responsible for signing the contract.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Responsible Contract Signing – Report To First Name (PDE-0588)

General Information

This is the first name of the person that the responsible for signing the contract reports to.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Responsible Contract Signing – Reports To Last Name (PDE-0589)

General Information

This is the last name of the person that the responsible for signing the contract reports to.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Responsible Contract Signing – Mgmt of Medicaid Programs Ind (PDE-0590)

General Information

Indicates if the person responsible for signing the contract is responsible for general management of the requested Medicaid program(s).

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Check Box
Data Type	String
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Admin – Last Name (PDE-0591)

General Information

This is the last name of the chief administrator.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Admin – First Name (PDE-0592)

General Information

This is the first name of the chief administrator.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Admin –Title (PDE-0593)

General Information

This is the title portion of the name of the chief administrator.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	5
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Admin –Office Phone (PDE-0594)

General Information

This is the office phone of the chief administrator.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Admin –Report To Last Name (PDE-0595)

General Information

This is the last name of the person the chief administrator reports to.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Admin –Report To First Name (PDE-0596)

General Information

This is the first name of the person the chief administrator reports to.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Onsite Contact - Last Name (PDE-0597)

General Information

This is the last name of the onsite contact person.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Onsite Contact - First Name (PDE-0598)

General Information

This is the first name of the onsite contact person.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Onsite Contact - Title (PDE-0599)

General Information

This is the title portion of the name of the onsite contact person.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	5
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider ID (NPI/API) (PDE-0610)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0610
Page	Provider Enrollment Online Provider Enrollment Application/Revalidation – Check Payment Application/Revalidation – Credit Card Payment Application/Revalidation – Credit Card Payment by mail
Portlet Name	Super User Entry Application Status Tracking Section I: Provider Demographic Information Section IV: Home and Community Based Care Services Demographics Participation Agreement Check Payment Credit Card Payment Credit Card Payment by Mail Attestation Letter
Element Type	Grid Column – Application Status Tracking Display – Application Status Tracking; Participation Agreement; Check Payment; Credit Card Payment by Mail; Attestation Letter Text Box – Super User Entry; Provider Demographic Information; Home and Community Based Care Services Demographics; Credit Card Payment
Field Type	See Business Rules

Business Rules

- PES-S-0001 – Optional
- PES-S-0002 – Display only
- PES-S-0006 – Required for all providers EXCEPT Application Groups 6, 7, 12, 16, 17, 18, & 19 (for those it is optional)
- PES-S-0009 – Required when Currently Enrolled Ind = ‘Y’
- PES-S-0010 – Display only
- PES-S-0014 – Display only
- PES-S-0015 – Display only

- PES-S-0016 – Display only
- PES-S-0017 – Display only

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0001 – Super User Entry
- PES-S-0002 – Application Status Tracking
- PES-S-0006 – Provider Demographic Information
 - All Application Groups
- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19
- PES-S-0011 – Participation Agreement
 - All Application Groups
- PES-S-0014 – Check Payment
 - All Application Groups
- PES-S-0015 – Credit Card Payment
 - All Application Groups
- PES-S-0016 – Credit Card Payment by Mail
 - All Application Groups
- PES-S-0017 – Attestation Letter
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

FEIN/SSN (PDE-0611)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0611
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Situationally Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Name (PDE-0613)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0613
Page	Online Provider Enrollment Application/Revalidation – Check Payment Application/Revalidation – Credit Card Payment Application/Revalidation – Credit Card Payment by Mail
Portlet Name	Section I: Provider Demographic Information Section IV: Reassignment of Benefits (ROB) Participation Agreement Check Payment Credit Card Payment Credit Card Payment by Mail Attestation Letter
Element Type	Text Box – Section I: Provider Demographic Information; Section IV; Reassignment of Benefits (ROB); Credit Card Payment Display – Participation Agreement; Check Payment; Credit Card Payment by Mail; Attestation Letter
Field Type	See Business Rules

Business Rules

- PES-S-0006 - Required
- PES-S-0010 – Required if any other field is entered on the Reassignment of Benefits page
- PES-S-0014 – Display only
- PES-S-0015 – Display only
- PES-S-0016 – Display only
- PES-S-0017 – Display only

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information

- All Application Groups EXCEPT 2 & 26
- PES-S-0010 – Reassignment of Benefits (ROB)
 - Application Groups 2 & 8
- PES-S-0011 – Participation Agreement
 - All Application Groups
- PES-S-0014 – Check Payment
 - All Application Groups
- PES-S-0015 – Credit Card Payment
 - All Application Groups
- PES-S-0016 – Credit Card Payment by Mail
 - All Application Groups
- PES-S-0017 – Attestation Letter
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Group ID (PDE-0615)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0615
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information Section IV: Reassignment of Benefits (ROB)
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 2, 3, 8, & 23
- PES-S-0010 – Reassignment of Benefits
 - Application Groups 2 & 8

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Group Name (PDE-0616)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0615
Page	Online Provider Enrollment
Portlet Name	Section IV: Reassignment of Benefits (ROB)
Element Type	Text Box
Field Type	Situationally Required

Business Rules

Required if any other field is entered on the Reassignment of Benefits (ROB) page

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0010 – Reassignment of Benefits
 - Application Groups 2 & 8

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Type (PDE-0622)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0622
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Type Description (PDE-0623)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0622
Page	Provider Enrollment Become a Provider Online Provider Enrollment
Portlet Name	Application Status Tracking Become a Provider – Request Welcome Participation Agreement
Element Type	Grid Column – Application Status Tracking Display – Welcome; Participation Agreement Drop Down – Become a Provider – Request
Field Type	Display Only

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0002 – Application Status Tracking
 - All Application Groups
- PES-S-0003 – Become a Provider – Request
 - All Application Groups
- PES-S-0005 – Welcome
 - All Application Groups
- PES-S-0011 – Participation Agreement
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

License Number (PDE-0624)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0624
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Situationally Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 8, 12, 15, 16, 17, 18, 23, & 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Specialty Code (PDE-0625)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0626
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Specialty Code Description (PDE-0626)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0626
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Situationally Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 2

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Languages (PDE-0627)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0627
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box/Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address - Attn (PDE-0628)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0628
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – Office Phone (PDE-0629)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0629
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – Office Ext (PDE-0630)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0620
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – Fax (PDE-0631)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0631
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – Address 1 (PDE-0632)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0632
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – City (PDE-0633)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0633
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – State (PDE-0634)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0634
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Field Type	Required

Business Rules

- Defaults to VA for Application Groups 7, 17, 18, & 19

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – Zip (PDE-0635)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0635
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – Zip Extn (PDE-0636)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0636
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – 24 Hr Phone (PDE-0637)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0637
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – TDD (PDE-0639)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0639
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – Email (PDE-0641)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0641
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

Previously defined

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – Contact Name (PDE-0642)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0642
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Servicing Address – Contact Phone (PDE-0643)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0643
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – Attn (PDE-0645)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0645
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – Office Phone (PDE-0646)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0646
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – Office Ext (PDE-0647)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0647
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – Fax (PDE-0648)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0648
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – Address (PDE-0649)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0649
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – City (PDE-0650)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0650
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – State (PDE-0651)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0651
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Field Type	Required

Business Rules

N/A

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – Zip (PDE-0652)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0652
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – Zip Extn (PDE-0653)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0653
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – TDD (PDE-0654)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0654
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Correspondence Address – Email (PDE-0656)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0656
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Address (PDE-0657)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0657
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Office Phone (PDE-0658)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0658
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Office Ext (PDE-0659)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0659
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Fax(PDE-0660)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0660
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Address (PDE-0661)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0661
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – City (PDE-0662)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0662
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – State (PDE-0663)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0663
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Field Type	Optional

Business Rules

N/A

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Zip (PDE-0664)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0664
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Zip Extn (PDE-0665)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0665
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – TDD (PDE-0666)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0666
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Email (PDE-0668)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0668
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

Previously defined

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Contact Name (PDE-0669)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0669
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Pay To Address – Contact Phone (PDE-0670)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0670
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – Attn (PDE-0673)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0673
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – Office Phone (PDE-0674)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0674
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – Office Ext (PDE-0675)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0675
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – Fax (PDE-0676)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0676
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – Address (PDE-0677)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0677
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – City (PDE-0678)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0678
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – State (PDE-0679)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0679
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Field Type	Optional

Business Rules

N/A

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – Zip (PDE-0680)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0680
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – Zip Extn (PDE-0681)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0681
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – TDD (PDE-0682)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0682
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Remittance Advice Address – Email (PDE-0684)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0684
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Field Type	Optional

Business Rules

Previously defined

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Date of Birth (PDE-0685)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0685
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box/Calendar Widget
Field Type	See Business Rules

Business Rules

- Required for Application Groups 2 & 6
- Situationally Required for Application Groups 18 & 25
- Optional for Application Groups 3, 8, 16, 20, 21, & 22

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 2, 3, 6, 8, 16, 18, 20, 21, 22, & 25

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Bypass Label Ind (PDE-0687)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0687
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	N/A
Field Type	See Business Rules

Business Rules

N/A

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – First Name (PDE-0688)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0688
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – Last/Org Name (PDE-0689)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0689
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – Title (PDE-0690)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0690
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – Date of Birth (PDE-0691)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0691
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box/Calendar Widget
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – SSN/TIN (PDE-0692)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0692
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – Entity Type (PDE-0693)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0693
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – Address (PDE-0694)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0694
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – City (PDE-0695)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0695
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – State (PDE-0696)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0696
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for disclosed entities.

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – Zip (PDE-0697)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0697
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Disclosed Entity – Percent (PDE-0698)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0698
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for disclosed entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 - Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Relationship – First Name (PDE-0699)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0699
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for relationship entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Relationship – Last Name (PDE-0700)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0700
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for relationship entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Relationship - Type (PDE-0701)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0701
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for relationship entities.

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Relationship To – First Name (PDE-0702)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0702
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for relationship entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Relationship To – Last Name (PDE-0703)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0703
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for relationship entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – First Name (PDE-0704)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0704
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for subcontractors entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – Last/Org Name (PDE-0705)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0705
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for subcontractors entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – Title (PDE-0706)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0706
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for subcontractors entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – Date of Birth (PDE-0707)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0707
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box/Calendar Widget
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for subcontractors entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – SSN/TIN (PDE-0708)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0708
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for subcontractors entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – Address (PDE-0709)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0709
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for subcontractors entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – City (PDE-0710)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0710
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for subcontractors entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – State (PDE-0711)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0711
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for subcontractors entities.

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – Zip (PDE-0712)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0712
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for subcontractors entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Subcontractor – Percent (PDE-0713)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0713
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for subcontractors entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – First Name (PDE-0714)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0714
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for other disclosing entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – Last/Org Name (PDE-0715)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0715
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for other disclosing entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – Title (PDE-0716)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0716
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for other disclosing entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – Date of Birth (PDE-0717)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0717
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box/Calendar Widget
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for other disclosing entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – SSN/TIN (PDE-0718)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0718
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for other disclosing entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – Address (PDE-0719)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0719
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for other disclosing entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – City (PDE-0720)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0720
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for other disclosing entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – State (PDE-0721)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0721
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for other disclosing entities.

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – Zip (PDE-0722)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0722
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for other disclosing entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Other Entity – Percent (PDE-0723)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0723
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for other disclosing entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Criminal Offenses – First Name (PDE-0724)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0724
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for criminal offenses entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Criminal Offenses – Last/Org Name (PDE-0725)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0725
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for criminal offenses entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Criminal Offenses – Title (PDE-0726)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0726
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for criminal offenses entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Criminal Offenses – Date of Birth (PDE-0727)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0727
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box/Calendar Widget
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for criminal offenses entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Criminal Offenses – SSN/TIN (PDE-0728)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0728
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for criminal offenses entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Criminal Offenses – Address (PDE-0729)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0729
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for criminal offenses entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Criminal Offenses – City (PDE-0730)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0730
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for criminal offenses entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Criminal Offenses – State (PDE-0731)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0731
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for criminal offenses entities.

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Criminal Offenses – Zip (PDE-0732)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0732
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for criminal offenses entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Assessed Fines – First Name (PDE-0733)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0733
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for assessed fines entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Assessed Fines – Last/Org Name (PDE-0734)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0734
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for assessed fines entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Assessed Fines – Date of Birth (PDE-0735)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0735
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box/Calendar Widget
Field Type	See Business Rules

Business Rules

Optional if 'Yes' was answered for assessed fines entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Assessed Fines – SSN/TIN (PDE-0736)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0736
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for assessed fines entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Assessed Fines – Address (PDE-0737)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0737
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for assessed fines entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Assessed Fines – City (PDE-0738)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0738
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for assessed fines entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Assessed Fines – State (PDE-0739)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0739
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for assessed fines entities.

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Assessed Fines – Zip (PDE-0740)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0740
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Text Box
Field Type	See Business Rules

Business Rules

Required if 'Yes' was answered for assessed fines entities.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Adverse Legal Action Indicator (PDE-0741)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0741
Page	Online Provider Enrollment
Portlet Name	Section II: Disclosure of Ownership and Control Information for Disclosing Entity
Element Type	Check Box
Field Type	Required

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0007 – Disclosure of Ownership and Control Information for Disclosing Entity
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Attestation Indicator (PDE-0742)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0742
Page	Online Provider Enrollment
Portlet Name	Participation Agreement
Element Type	Check Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0011 – Participation Agreement
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Electronic Signature (PDE-0743)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portlet Data Element	PDE-0743
Page	Online Provider Enrollment
Portlet Name	Participation Agreement
Element Type	Text Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0011 – Participation Agreement
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Screening - Agency (PDE-0744)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0744
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 3 & 15

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Screening - Medicaid State (PDE-0745)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0745
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if it was indicated that a prior screening by another state's Medicaid agency had taken place.

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 3 & 15

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Screening - Approval Date (PDE-0746)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0746
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box/Calendar Widget
Field Type	See Business Rules

Business Rules

Situationally required if it was indicated that a prior screening had taken place in the last 12 months or a prior screening by another state's Medicaid agency had taken place.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
-

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 3 & 15

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Screening - Screening Status Ind (PDE-0747)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0747
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 3 & 15

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Revalidation – Hardship Submitted Date (PDE-0749)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0749
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box/Calendar Widget
Field Type	See Business Rules

Business Rules

Required if it was indicated that a hardship request was submitted.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 3, 9, 10, 15, & 25

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Revalidation – Fee Agency (PDE-0750)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0750
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if it was indicated that an application fee had been paid.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 3, 9, 10, 15, & 25

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Revalidation – Medicaid State (PDE-0751)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0751
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Drop Down
Field Type	See Business Rules

Business Rules

Required if it was indicated that an application fee had been paid.

Valid Values

Previously defined

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 3, 9, 10, 15, & 25

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Revalidation – Fee Paid Date (PDE-0752)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0752
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box/Calendar Widget
Field Type	See Business Rules

Business Rules

Required if it was indicated that an application fee had been paid.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 3, 9, 10, 15, & 25

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Appl/Disc/Reval Tracking Number (PDE 0753)

General Information

This is a unique number that is assigned to each provider enrollment application.

Page	Become a Provider Online Provider Enrollment Application/Revalidation – Check Payment Application/Revalidation – Credit Card Payment Application/Revalidation – Credit Card Payment by Mail Submit Complete
Portlet Name	Application Status Tracking General Instructions Check Payment Credit Card Payment Credit Card Payment by Mail Submit Complete
Element Type	Text Box – Credit Card Payment Display – all others
Data Type	String
Field Type	Display Only
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 - Provider Enrollment Application PDF
- PPM-F-0001 - Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0002 – Application Status Tracking
 - o All Application Groups
- PES-S-0004 – Become a Provider – General Instructions
- PES-S-0014 – Check Payment
 - o All Application Groups
- PES-S-0015 – Credit Card Payment
 - o All Application Groups
- PES-S-0016 – Credit Card Payment by Mail
 - o All Application Groups
- PES-S-0098 – Submit Complete
 - o All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

PES User ID (PDE-0757)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0757
Page	Provider Enrollment Online Provider Enrollment
Portlet Name	Super User Entry Application Status Tracking
Element Type	Text Box – Super User Entry Grid Column – Application Status Tracking
Field Type	Situationally Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0001 – Super User Entry
- PES-S-0002 – Application Status Tracking
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Document Control Number (PDE-0758)

General Information

This is a unique number (Document Control Number) that is assigned to each document.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	14
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Revalidation – Hardship Ind (PDE-0760)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0760
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box
Field Type	See Business Rules

Business Rules

Required if it was indicated that an application fee had not been paid.

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 3, 9, 10, 15, & 25

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Revalidation – Fee Paid Ind (PDE-0761)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Enrollment functionality.

Portal Data Element	PDE-0761
Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Radio Button
Field Type	Required

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 3, 9, 10, 15, & 25

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Application Submission Date (PDE-0901)

General Information

This is the date that the provider enrollment application was submitted to the system.

Page	Online Provider Enrollment
Portlet Name	Application Status Tracking
Element Type	Grid Column
Data Type	Date
Field Type	Display Only
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0002 – Application Status Tracking
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Application Status (PDE-0902)

General Information

This is the current status of the provider enrollment application.

Page	Online Provider Enrollment
Portlet Name	Application Status Tracking
Element Type	Grid Column
Data Type	String
Field Type	Display Only
Size	25
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Submitted
- Not Submittted
- Sent for Verification
- Pend Letter

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0002 – Application Status Tracking
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Application Percent Complete (PDE-0903)

General Information

This is the current completion percent in the approval process of the provider enrollment application.

Page	Online Provider Enrollment
Portlet Name	Application Status Tracking
Element Type	Grid Column
Data Type	String
Field Type	Display Only
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0002 – Application Status Tracking
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

License Begin Date (PDE-0906)

General Information

This is the effective date of the provider's license.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box/Calendar Widget
Data Type	Date
Field Type	Required
Size	10
MMIS Data Element	Provider License Begin date
MMIS DE Number	4066

Business Rules

- Required for Application Group 3 if a license number is entered.
- Required for all others

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 8, 12, 15, 16, 18, & 23

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

License End Date (PDE-0907)

General Information

This is the end date of the provider's license.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box/Calendar Widget
Data Type	Date
Field Type	Required
Size	10
MMIS Data Element	Provider License Begin date
MMIS DE Number	4066

Business Rules

- Required for Application Group 3 if a license number is entered.
- Required for all others

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups EXCEPT 8, 12, 15, 16, 18, & 23

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Facility Administrator First Name (PDE-0908)

General Information

This is the first name of the facility's administrator.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	11
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 9, & 10

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Facility Administrator Middle Initial (PDE-0909)

General Information

This is the middle initial of the facility's administrator.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 9, & 10

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Facility Administrator Last Name (PDE-0910)

General Information

This is the Last name of the facility's administrator.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	Required
Size	28
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 9, & 10

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Record Code (PDE-0911)

General Information

This indicates the type of record on the Enrollment/Provider Maintenance Batch File (PPM-F-0001).

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	String
Field Type	N/A
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- AR - Pay-To Address
- CR - Correspondence Address
- DR - Disclosed
- ED - Edit Results
- ER - Remittance Address
- HR - Header
- PR - Provider
- RR - Relationship
- SR - Servicing Address
- TR - Trailer

Valid Values

N/A

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Case Type (PDE-0912)

General Information

This indicates the type of case that is being processed.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- E – Enrollment
- R – Revalidation
- U – Disclosure Update ED - Edit Results

Valid Values

N/A

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Type of Service Ind (PDE-0914)

General Information

This indicates the type of service the provider is applying for or is licensed to perform.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box
Data Type	String
Field Type	Optional
Size	100
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

Application Group 20

- Assistive Technology
- Companion Services (Agency Directed)
- Crisis Stabilization
- Crisis Supervision
- Day Support
- Environmental Modification
- Personal Assistance
- Personal Emergency Response System
- Prevocational Services
- Residential Support
- Respite Care
- Skilled Nursing Services

- Supported Employment
- Therapeutic Consultation

Application Group 21

- Community Residential Services
- Crisis Intervention
- Crisis Stabilization
- Day Treatment for Children/Adolescents
- Day Treatment or Residential Treatment for Pregnant Women
- Day Treatment Partial Hospitalization
- EPSDT Behavioral Therapy
- Intensive Community Treatment
- Intensive In-Home
- MH/MR Case Management
- Opioid Treatment
- Psychosocial Rehabilitation
- Substance Abuse Case Management
- Substance Abuse Crisis Intervention
- Substance Abuse Day Treatment
- Substance Abuse Intensive Outpatient
- Support Services

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 20 & 21

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

APIN Indicator (PDE-0915)

General Information

This indicates whether the NPI/API field contains and API.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Only used when Case Type (PDE-0912) = "E"

Valid Values

- Y – Yes
- N - No

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 4, 7, 11, 14, 17, 18, 19, & 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Administrator Last Name (PDE-0916)

General Information

This is the last name of the administrator.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Administrator First Name (PDE-0917)

General Information

This is the first name of the administrator.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

ORP Indicator (PDE-0919)

General Information

This indicates whether the provider is an Ordering, Referring, or Prescribing Provider (ORP).

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

ORP Provider Type (PDE-0920)

General Information

This indicates the type of service the ORP provider is applying for or is licensed to perform.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box
Data Type	String
Field Type	Required
Size	60
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Audiologist
- Baby Care
- Certified Professional Midwife
- Chiropractor
- Clinical Nurse Specialist
- Clinical Psychologist
- Dentist
- Licensed Clinical Social Worker
- License Marriage and Family Therapist
- Licensed Professional Counselor
- Licensed Psychologist
- Licensed School Psychologist
- Licensed Substance Abuse Treatment Practitioners
- ORP Other

- Non-Medicaid TDO
- Nurse Anesthetist
- Nurse Practitioner
- Occupational Therapist
- Optician
- Optometrist
- Out of State Physician
- Out of State Psychiatrist
- Physical Therapist
- Physician
- Podiatrist
- Psychiatrist
- Speech/Language Pathologist

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Responsible Contract Signing - Title (PDE-0922)

General Information

This is the title portion of the name of the administrator.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	5
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Onsite Contact – Office Phone (PDE-0923)

General Information

This is the office phone number of the onsite contact.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Onsite Contact – Report To Last Name (PDE-0924)

General Information

This is the last name of the person the onsite contact reports to.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Onsite Contact – Report To First Name (PDE-0925)

General Information

This is the first name of the person the onsite contact reports to.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Corp Officer – Last Name (PDE-0926)

General Information

This is the last name of the chief corporate officer.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Corp Officer – First Name (PDE-0927)

General Information

This is the first name of the chief corporate officer.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Corp Officer – Title (PDE-0928)

General Information

This is the title portion of the name of the chief corporate officer.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	5
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
-

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Corp Officer – Office Phone (PDE-0929)

General Information

This is the office phone number of the chief corporate officer.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Corp Person – Last Name (PDE-0930)

General Information

This is the last name of the chief corporate person.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Corp Person – First Name (PDE-0931)

General Information

This is the first name of the chief corporate person.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Corp Person – Title (PDE-0932)

General Information

This is the title portion of the name of the chief corporate person.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	5
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Corp Person – Office Phone (PDE-0933)

General Information

This is the office phone number of the chief corporate person.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Geographic Area Served (PDE-0934)

General Information

This is the geographic area served by the provider.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	100
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Ownership – First Name (PDE-0935)

General Information

This is the first name of the individual who has ownership in the HCBC.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	30
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Ownership – Last Name (PDE-0936)

General Information

This is the last name of the individual who has ownership in the HCBC.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	30
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Ownership – Percent (PDE-0937)

General Information

This is the percent of ownership of the individual who has ownership in the HCBC.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Ownership – Address (PDE-0938)

General Information

This is the street address of the individual who has ownership in the HCBC.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Ownership – City (PDE-0939)

General Information

This is the city of the individual who has ownership in the HCBC.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Ownership – State (PDE-0940)

General Information

This is the state of the individual who has ownership in the HCBC.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Drop Down
Data Type	String
Field Type	Required
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Ownership – Zip (PDE-0941)

General Information

This is the zip code of the individual who has ownership in the HCBC.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Required
Size	9
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Last Name (PDE-0943)

General Information

This is the last name of the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Situationally Required
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if the organization is currently a Virginia Medicaid enrolled provider

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 15, 17, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – First Name (PDE-0944)

General Information

This is the first name of the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Situationally Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if the organization is currently a Virginia Medicaid enrolled provider

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 15, 17, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Title (PDE-0945)

General Information

This is the first name of the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	See Business Rules
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if the organization is currently a Virginia Medicaid enrolled provider
- Required for Application Groups 4, 15, 17, & 19
- Optional for Application Group 18

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 15, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Phone (PDE-0946)

General Information

This is the phone number of the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	See Business Rules
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if the organization is currently a Virginia Medicaid enrolled provider
- Required for Application Groups 4, 15, 17, & 19
- Optional for Application Group 18

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 15, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Reports To Last Name (PDE-0947)

General Information

This is the last name of the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Situationally Required
Size	17
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if the organization is currently a Virginia Medicaid enrolled provider

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 15, 17, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Reports To First Name (PDE-0948)

General Information

This is the first name of the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Situationally Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if the organization is currently a Virginia Medicaid enrolled provider

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 15, 17, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Full/Part Time Ind (PDE-0949)

General Information

This is the full/part time status of the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Check Box
Data Type	String
Field Type	Optional
Size	9
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- full time
- part time

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 16, & 18

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Degree Ind (PDE-0950)

General Information

This indicates whether the staff member has a degree.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Check Box
Data Type	String
Field Type	Optional
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 12, 14, & 16

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Degree Type (PDE-0951)

General Information

This is the type of degree held by the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	30
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 12, 14, & 16

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Clinical Experience (PDE-0952)

General Information

This is the amount and/or type of clinical experience held by the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	30
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 16, & 18

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Higher Rate Ind (PDE-0953)

General Information

This indicates that the administrator will not charge DMAS a higher rate for Home and Community Based Care Services than is charged the private sector for the same service.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Check Box
Data Type	String
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Insolvency Rate Ind (PDE-0954)

General Information

This indicates that there is neither a judgment or pending action of insolvency or bankruptcy with respect to the provider of services.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Check Box
Data Type	String
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Program Review Confirmation (PDE-0955)

General Information

This indicates that the Home and Community Based Care Services program description materials have been received and reviewed.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Check Box
Data Type	String
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

NPI Type (PDE-0956)

General Information

This indicates whether the NPI is for an individual or organization.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 1 - Individual
- 2 - Organization

Outputs

- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Chief Admin – Mgmt of Medicaid Programs Ind (PDE-0962)

General Information

This indicates whether the chief administrator is responsible for general management of the requested Medicaid program(s).

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Radio Button
Data Type	String
Field Type	Optional
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

ROB Certification date (PDE-0963)

General Information

This field is for any additional information that the provider would like to furnish with the application.

Page	Online Provider Enrollment
Portlet Name	Section IV: Reassignment of Benefits (ROB)
Element Type	Text Box/Calendar Widget
Data Type	String
Field Type	Situationally Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

Required if any other fields are entered on the Reassignment of Benefits (ROB) page

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0010 – Reassignment of Benefits (ROB)
 - Application Groups 2 & 8

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Responsible Person Qualifications (PDE-0964)

General Information

This details the qualifications of the person responsible for validating the staff qualifications and instructions.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	50
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Group 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Family Caregiver Training Qual Ind (PDE-0966)

General Information

This is the qualifications the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Check Box
Data Type	String
Field Type	Optional
Size	50
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Community Developmental Disabilities Providers
- Community Mental Health Centers
- Developmental Disabilities Residential Providers
- Health Department Clinics (Public Health Agency)
- Home Health Agencies
- Hospitals
- In-Home Rehabilitation Agencies
- Licensed Clinical Social Workers
- Licensed Nurse Practitioner
- Licensed Practical Nurse
- Licensed Professional Counselors
- Nurse Aide

- Occupational Therapist
- Physical Therapist
- Physician
- Psychologist
- Registered Nurse
- Speech/Language Pathologist
- Teacher

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Group 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Name (PDE-0967)

General Information

This is the name the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	30
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 12, 14, 16, & 18

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Profession (PDE-0968)

General Information

This is the profession the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	30
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Group 18

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Reports To Name (PDE-0969)

General Information

This is the name of the person the staff member reports to.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	30
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Group 18

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – License Ind (PDE-0970)

General Information

This indicates whether the staff member has a license.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Check Box
Data Type	String
Field Type	Optional
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 12, 14, & 16

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – License (PDE-0971)

General Information

This is the license number held by the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	15
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 12, 14, 16, & 18

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – License Begin Date (PDE-0972)

General Information

This is the begin date of the license number held by the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box/Calendar Widget
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Group 18

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – License End Date (PDE-0973)

General Information

This is the end date of the license number held by the staff member.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box/Calendar Widget
Data Type	String
Field Type	Optional
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Group 18

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Staff Credentials – Licensed Through (PDE-0974)

General Information

This is the organization that the staff member is licensed through.

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	100
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Group 18

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Attachment Type Ind (PDE-0975)

General Information

This indicates the type of attachment being included with the application.

Page	Online Provider Enrollment
Portlet Name	Uploading Documentation
Element Type	Text Box
Data Type	String
Field Type	Display Only
Size	100
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Attestation Letter
- Board of Directors
- Claim/Supporting Documentation
- EDI Exempt supporting documentation
- EFT Exempt supporting documentation
- Final Disposition
- Hardship Approval
- Hardship Request
- License
- MQSA (certification issued by the FDA under the Mammography Quality Standards Act)
- ROB
- Supporting Documentation
- W-9

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0012 – Uploading Documentation
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Attachment File Name (PDE-0976)

General Information

This is the name of the file being attached to the application.

Page	Online Provider Enrollment Provider Enrollment
Portlet Name	Uploading Documentation Upload Files
Element Type	Text Box
Data Type	String
Field Type	Optional
Size	255
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0012 – Uploading Documentation
 - All Application Groups
- PES-S-0019 – Upload Files

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Payment Type Ind (PDE-0977)

General Information

This indicates the type of payment being used for the enrollment application or revalidation fee.

Page	Provider Enrollment Application or Revalidation – Payment
Portlet Name	Payment Method
Element Type	Radio Button
Data Type	String
Field Type	Required
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- CCO – Credit Card Online
- CCM – Credit Card Manual
- CKM – Check Manual
- Spaces – No Payment

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0013 – Payment Method
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Application Payment Amount (PDE-0978)

General Information

This indicates the amount of the enrollment application or revalidation fee.

Page	Application/Revalidation – Check Payment Application/Revalidation – Credit Card Payment
Portlet Name	Check Payment Credit Card Payment
Element Type	Display – Check Payment Text Box – Credit Card Payment
Data Type	String
Field Type	Display Only
Size	8
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0014 – Check Payment
 - All Application Groups
- PES-S-0015 – Credit Card Payment
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Early Intervention – Class Type Update (PDE-0979)

General Information

This indicates whether the provider wishes to update their current enrollment classification with the Early Intervention specialty code in conjunction with their current provider class type.

Page	Online Provider Enrollment
Portlet Name	Attestation Letter
Element Type	Check Box
Data Type	String
Field Type	Optional
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0017 – Attestation Letter
 - Application Group 22

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Onsite Contact – Mgmt of Medicaid Programs Ind (PDE-0980)

General Information

This indicates if the other onsite contact is responsible for general management of the requested Medicaid program(s).

Page	Online Provider Enrollment
Portlet Name	Section IV: Home and Community Based Care Services Demographics
Element Type	Radio Button
Data Type	String
Field Type	Optional
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0009 - Home and Community Based Care Services Demographics
 - Application Groups 4, 12, 14, 15, 16, 17, 18, & 19

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Last Name (PDE-0981)

General Information

This is the last name of the provider.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	See Business Rules
Size	28
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Optional for Application Group 3
- Required for all others

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 2, 3, 6, 8, 12, 15, 17, 20, 21, & 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider First Name (PDE-0982)

General Information

This is the first name of the provider.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	See Business Rules
Size	11
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Optional for Application Group 3
- Required for all others

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 2, 3, 6, 8, 12, 15, 17, 20, 21, & 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Provider Middle Initial (PDE-0983)

General Information

This is the middle initial of the provider.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Text Box
Data Type	String
Field Type	See Business Rules
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Optional for Application Group 3
- Required for all others

Valid Values

N/A

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
- PPM-F-0001 – Enrollment/Provider Maintenance Batch File

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 2, 3, 6, 8, 12, 15, 17, 20, 21, & 26

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-T-0001 – Application Storage Table

Rate Sheet Established (PDE-0984)

General Information

This indicates the provider's rate sheet has been established.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box
Data Type	String
Field Type	Optional
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 5

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-O-0001 – Provider Enrollment Application PDF

Error Code (PDE-0985)

General Information

This is a unique number assigned to each error message.

Page	Application/Revalidation – Credit Card Payment
Portlet Name	Credit Card Payment
Element Type	Display
Data Type	String
Field Type	Display Only
Size	4
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- PES-S-0015 – Credit Card Payment
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Error Name (PDE-0986)

General Information

This is a unique name assigned to each error message.

Page	Application/Revalidation – Credit Card Payment
Portlet Name	Credit Card Payment
Element Type	Display
Data Type	String
Field Type	Display Only
Size	100
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- PES-S-0015 – Credit Card Payment
 - All Application Groups
 -

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Error Message (PDE-0987)

General Information

This is a message detailing the error.

Page	Application/Revalidation – Credit Card Payment
Portlet Name	Credit Card Payment
Element Type	Display
Data Type	String
Field Type	Display Only
Size	100
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- PES-S-0015 – Credit Card Payment
 - All Application Groups

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Pay Fee to VA Ind (PDE-0988)

General Information

This indicates whether the provider will pay the application fee to Virginia Medicaid.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box
Data Type	String
Field Type	Situationally Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

At least one of the checkboxes is required.

Valid Values

- Y - Yes
- N - No

Outputs

- PES-O-0001 – Provider Enrollment Application PDF

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Groups 1, 3, 9, 10, 15, & 25

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Early Intervention Service Type (PDE-0989)

General Information

This is the type of early intervention service that will be provided by the provider.

Page	Online Provider Enrollment
Portlet Name	Section I: Provider Demographic Information
Element Type	Check Box
Data Type	String
Field Type	Required
Size	25
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Case_Management
- Professional
- Specialist

Outputs

- PES-O-0001 – Provider Enrollment Application PDF
-

Screens

- PES-S-0006 – Provider Demographic Information
 - Application Group 22

Tables – MMIS/DB2

N/A

Tables - Portal

- PES-O-0001 – Provider Enrollment Application PDF

Disclosure Entity Ind (PDE-0990)

General Information

Indication of whether or not the provider has any associated entities to disclose.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Radio Button
Data Type	Character
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_DSCLSR_ENTY_IND	WP_PROV_DSCLSR_INDIV_TB

Outputs

- PES-F-0001 Provider Enrollment Portal Batch File
- PES-F-0002 Provider Enrollment Attachment File
- PES-O-0001 Provider Enrollment PDF File

Provider Enrollment Portal Batch File - PES-F-0001

General Information

This file is output from the provider enrollment process. It contains all of the provider enrollment data necessary to the mainframe processing.

Data Elements

Data Element Name	Field Length	Instructions
Header Record (HR)		
Record Code (PDE-0911) MMIS: PSRWPREQ-REC-CD	2	HR – Header Record
Appl/Disc/Reval Tracking Number (Pde-0753) MMIS: PSRWPREQ-APP-TRK-NUM	10	Numeric – system generated
Case Type (PDE-0912) MMIS: PSRWPREQ-CASE-TYPE	1	E – Enrollment R – Revalidation U – Disclosure Update
APIN Indicator (only needed on Case Type = E) (PDE-0915) MMIS: PSRWPREQ-HDR-APIN-IND	1	Y – Yes N – No (default) Groups 4, 7, 11, 14, 17, 18, 19, 26 - If API/NPI on the enrollment form is blank, set indicator to 'Y'; Otherwise set to 'N'
ORP Indicator (only needed on Case Type = E) (PDE-0919) MMIS: PSRWPREQ-HDR-ORP-IND	1	Y – Yes N – No (default) If Group 26 – Set ORP Indicator = 'Y' otherwise set to 'N'
NPI (Pde-0610)	10	Provider's NPI

MMIS: PSRWPREQ-HDR-I-PROV		
Document Control Number (Pde-0758)	14	Alpha Character
Adverse Legal Indicator (Pde-0741)	1	Y – Yes N – No (default) Note: for use with disclosures only
Last Name (PDE-0981) MMIS: PSRWPREQ-PRV-LAST-NAME	19	Character
First Name (PDE-0982) MMIS: PSRWPREQ-PRV-FIRST-NAME	12	Character
Middle Initial (PDE-0983)	1	Character
Suffix (PDE-0500)	3	Character
Title (PDE-0501)	5	Character
Business Name (Pde-0613) MMIS: PSRWPREQ-PRV-BUS-NAME	40	Character
IRS Name (PDE-0502)	40	Character
Requested Effective Date (PDE-0505)	10	Date – New enrollments only
Banking Institution (PDE-0546) MMIS: PSRWPREQ-PRV-BANK-INST	15	Numeric
Routing Number (PDE-0547) MMIS: PSRWPREQ-PRV-BANK-ROUTING	9	Numeric
Account Number (PDE-0548) MMIS: PSRWPREQ-PRV-BANK-ACCT	17	Numeric
Account Type (Future Use – HopR III)	1	Alpha C = Checking S = Savings O = Other

EFT Indicator (PDE-0549)	1	Y – Yes (EFT) N – No (Exemption)
Filler	287	
Provider Record (PR)		
Record Code (PDE-0911) MMIS: PSRWPREQ-REC- CD	2	PR – Provider Record
Appl/Disc/Reval Tracking Number (Pde-0753) MMIS: PSRWPREQ-APP- TRK-NUM	10	Numeric – system generated
NPI (Pde-0610) MMIS: PSRWPREQ-PRV- NPI	10	Numeric – NPI (or API if supplied)
NPI Type (PDE-0956) MMIS: PSRWPREQ-PRV- NPI-TYP	1	1 – Individual 2 – Organization Groups 2, 26 – set to ‘1’; Groups 1, 4, 5, 7, 9, 10, 14, 15, 18, 21, 23, 25 – set to ‘2’ Groups 3, 6, 8, 12, 16, 17, 19, 20, 22 – if Individual Name is completed on the form, set to ‘1’, if Organization (or Facility) Name is completed on the form set to ‘2’
SSN (Pde-0611) MMIS: PSRWPREQ-PRV- SSN	9	Numeric
TIN (Pde-0611) MMIS: PSRWPREQ-PRV- TIN	9	Numeric
DOB (Pde-0685) MMIS: PSRWPREQ-PRV- DOB	10	MM/DD/YYYY
Agency Screened (Pde-0744) (Pde-0745) MMIS: PSRWPREQ-PRV- SCRN-AGENCY	2	2 Character State Abbreviation CM – CMS HA – Hardship Exception - Approved HI – Hardship Exception – In Process HR – Hardship Exception - Requested
Date Screened	10	MM/DD/YYYY

(PDE-0529) (Pde-0746) MMIS: PSRWPREQ-PRV- SCRN-DATE		Note: If previously screened; date previous screening approved
Agency Paid (Pde-0750) (Pde-0751) MMIS: PSRWPREQ-PRV- AGENCY-PD	2	2 Character State Abbreviation CM – CMS HA – Hardship Exception - Approved HI – Hardship Exception – In Process HR – Hardship Exception - Requested
Date Paid (Pde-0752) MMIS: PSRWPREQ-PRV- DATE-PD	10	MM/DD/YYYY
Hardship Exception Request Submission Date (Pde-0749) MMIS: PSRWPREQ-PRV- HARDSHIP-DT	10	MM/DD/YYYY
Payment Info Indicator (PDE-0977) MMIS: PSRWPREQ-PRV- PAYMENT-IND	3	CCO – Credit Card Online CCM – Credit Card Manual CKM – Check Manual Spaces – No Payment
License Number (Pde-0624) MMIS: PSRWPREQ-PRV- LICENSE	15	Numeric
License State (PDE-0507) MMIS: PSRWPREQ-PRV- LICENSE-ST	2	State Abbreviation
License Board (PDE-0506) MMIS: PSRWPREQ-PRV- LIC-BOARD	15	Character
License Begin (PDE-0906) MMIS: PSRWPREQ-PRV- LIC-BEG-DT	10	MM/DD/YYYY
License End (PDE-0907) MMIS: PSRWPREQ-PRV- LIC-END-DT	10	MM/DD/YYYY
License Number (PDE- 0624) MMIS: PSRWPREQ-PRV-	15	Numeric

LICENSE		
License State (PDE-0507) MMIS: PSRWPREQ-PRV-LICENSE-ST	2	State Abbreviation
License Board (PDE-0506) MMIS: PSRWPREQ-PRV-LIC-BOARD	15	Character
License Begin (PDE-0906) MMIS: PSRWPREQ-PRV-LIC-BEG-DT	10	MM/DD/YYYY
License End (PDE-0907) MMIS: PSRWPREQ-PRV-LIC-END-DT	10	MM/DD/YYYY
Provider Type (Pde-0622) MMIS: PSRWPREQ-PRV-PROV-TYPE	3	Numeric
Provider Specialty Primary (Pde-0625) MMIS: PSRWPREQ-PRV-PROV-PRIM-SPEC	3	Numeric
Provider Specialty Secondary (Pde-0625) MMIS: PSRWPREQ-PRV-PROV-SECO-SPEC	12	Numeric 3 characters – occurs 4 x
Electronic Claims Submission Indicator (PDE-0550) MMIS: PSRWPREQ-PRV-ECLAIM-IND	1	Y – Yes (EDI & DDE) N – No (Exemption)
Electronic Remittance Indicator (Future Use – HopR III)	1	Y – Yes (835) N – No (Paper)
Service Center Number (Future Use – HopR III)	4	Numeric
Service Center Name (Future Use – HopR III)	30	Alpha
Group Practice TIN (PDE-0557) MMIS: PSRWPREQ-PRV-GROUP-TIN	9	Numeric
Group NPI	10	Numeric

(Pde-0615) MMIS: PSRWPREQ-PRV- GROUP-NPI		
Adverse Legal Action Indicator (Pde-0741) MMIS:?	1	Y – Yes Space – No (default)
Paid Amount (PDE-0978)	8	Decimal 99999.99
Language (PDE-627)	6	E – English F – Farsi H – Hindi K – Korean S – Spanish V – Vietnamese 6 Occurrences
Language Other (Pde-0627)	10	Character
Signature Waiver Ind (PDE-0511)	1	Y = Yes N = No New enrollments only
Filler	209	
Disclosed Individual/ Entity Record	(DR)	
Record Code (PDE-0911) MMIS: PSRWPREQ-REC- CD	2	DR – Disclosed Individual/Entity Record
Appl/Disc/Reval Tracking Number (Pde-0753) MMIS: PSRWPREQ-APP- TRK-NUM	10	Numeric – system generated
Action Indicator (PDE-0530) MMIS: PSRWPREQ-DIS- CHANGE-IND	1	Space - Add (use for all new applications and additions on disclosure and revalidation) C - Change (use for updates on disclosure and revalidation only) D - Delete (use for removal of disclosure and revalidation records only)
Record Sequence Number (PDE-0531)	4	MMIS sequence number for use in identifying the record to be updated

MMIS: I_PROV_DIS_SEQ_NO		<p>New Application: – blank</p> <p>Disclosure & Revalidation: - Update or delete – MMIS sequence - Addition - blank</p>
<p>Individual or Entity Type (Pde-0693) MMIS: PSRWPREQ-DIS-IND-ENT-TYP</p>	2	<p>First Disclosure Question Options: CE – Controlling Interest Entity CI – Controlling Interest Individual ME – Managing Employee Entity MI – Managing Employee Individual OE – Owner Entity OI – Owner Individual PE – Provider Entity ('Other' option) PI – Provider Individual ('Other' option)</p> <p>Third Disclosure Question Option: SE – Subcontractor Entity (N/A) SI – Subcontractor Individual</p> <p>Fourth Disclosure Question Option: TE – Other Entity (N/A) TI – Other Individual</p> <p>Fifth Disclosure Question Option: FE – Criminal Offense Entity (N/A) FI – Criminal Offense Individual</p> <p>Sixth Disclosure Question Option: AE – Assessed Fines/Penalties Entity (N/A) AI – Assessed Fines/Penalties Individual</p>
<p>SSN/TIN (Pde-0692) (Pde-0708) (Pde-0718) (Pde-0728) (Pde-0736)</p> <p>MMIS: PSRWPREQ-DIS-TIN</p>	9	Numeric
<p>DOB (Pde-0691) (Pde-0707) (Pde-0717) (Pde-0727) (Pde-0735)</p> <p>MMIS: PSRWPREQ-DIS-</p>	10	MM/DD/YYYY

DOB		
Last Name (Pde-0689) (Pde-0705) (Pde-0715) (Pde-0725) (Pde-0734) MMIS: PSRWPREQ-DIS- LAST-NAME	19	Character
First Name (Pde-0688) (Pde-0702) (Pde-0714) (Pde-0724) (Pde-0733) MMIS: PSRWPREQ-DIS- FIRST-NAME	12	Character
Business Name (Pde-0689) (Pde-0704) (Pde-0714) (Pde-0724) (Pde-0733) MMIS: PSRWPREQ-DIS- BUS-NAME	28	Character
Title (PDE-690) (Pde-0706) (Pde-0716) (Pde-0726) MMIS:	5	Character
% Control Interest (Pde-0698) (Pde-0713) (Pde-0723) MMIS: PSRWPREQ-DIS- CONTROL-INT	3	Numeric
Street Address (Pde-0694) (Pde-0709) (Pde-0719) (Pde-0729) (Pde-0737)	40	Character

MMIS: PSRWPREQ-DIS-ADDR-STREET		
City (Pde-0695) (Pde-0710) (Pde-0720) (Pde-0730) (Pde-0738) MMIS: PSRWPREQ-DIS-ADDR-CITY	17	Character
State (Pde-0696) (Pde-0711) (Pde-0721) (Pde-0731) (Pde-0739) MMIS: PSRWPREQ-DIS-ADDR-ST	2	State Abbreviation
Zip (Pde-0697) (Pde-0712) (Pde-0722) (Pde-0732) (Pde-0740) MMIS: PSRWPREQ-DIS-ADDR-ZIP	9	Zip & Extension (if it exists)
Filler	327	
Address Record		
Record Code (PDE-0911) MMIS: PSRWPREQ-REC-CD	2	SR – Service Address Record CR – Correspondence Address Record ER – Remit Address Record AR – Pay to Address Record
Appl/Disc/Reval Tracking Number (Pde-0753) MMIS: PSRWPREQ-APP-TRK-NUM	10	Numeric – system generated
Street Address (Pde-0632 – Service) (Pde-0649 – Correspondence) (Pde-0677 – Remit) (Pde-0657 – Pay To) MMIS: PSRWPREQ-ADR-STREET-1	40	Character

City (Pde-0633 – Service) (Pde-0650 – Correspondence) (Pde-0678 – Remit) (Pde-0662 – Pay To) MMIS: PSRWPREQ-ADR-CITY	17	Character
State (Pde-0634 – Service) (Pde-0651 – Correspondence) (Pde-0679 – Remit) (Pde-0663 – Pay To) MMIS: PSRWPREQ-ADR-STATE	2	State Abbreviation
Zip (Pde-0635 + Pde-0636 – Service) (Pde-0652 + Pde-0653) – Correspondence) (Pde-0680 + Pde-0681 – Remit) (Pde-0664 + Pde-0665 – Pay To) MMIS: PSRWPREQ-ADR-ZIP1	9	Zip & Extension (if it exists)
Attention (Pde-0628 – Service) (Pde-0645 – Correspondence) (Pde-0673 – Remit) (Pde-0657 – Pay To) MMIS: PSRWPREQ-ADR-ATTENTION	40	Character
Office Phone (Pde-0629 – Service) (Pde-0646 – Correspondence) (Pde-0674 – Remit) (Pde-0658 – Pay To) MMIS: PSRWPREQ-ADR-OFF-PHONE	10	Numeric
Office Extension (Pde-0630 – Service) (Pde-0647 – Correspondence) (Pde-0675 – Remit)	4	Numeric

(Pde-0659 – Pay To) MMIS: PSRWPREQ- ADR-OFF-EXT		
FAX (Pde-0631 – Service) (Pde-0648 – Cor- respondence) (Pde-0676 – Remit) (Pde-0660 – Pay To) MMIS: PSRWPREQ- ADR-OFF-FAX	10	Numeric
TDD Phone (Pde-0639 – Service) (Pde-0654 – Cor- respondence) (Pde-0682 – Remit) (Pde-0666 – Pay To) MMIS: PSRWPREQ- ADR-TDD-PHONE	10	Numeric
TDD Extension N/A MMIS: PSRWPREQ- ADR-TDD-EXT	4	Numeric
E-mail (Pde-0641 – Service) (Pde-0656 – Cor- respondence) (Pde-0684 – Remit) (Pde-0668 – Pay To) MMIS: PSRWPREQ- ADR-EMAIL-ADDR	40	Character
Contact Name (Pde-0642 – Service) N/A N/A (Pde-0669 – Pay To) MMIS: PSRWPREQ- ADR-CONTACT-NAME	40	Character
Contact Phone (Pde-0643 – Service) N/A N/A (Pde-0670 – Pay To) MMIS: PSRWPREQ- ADR-CONTACT-PHONE	10	Numeric
Contact Extension N/A MMIS: PSRWPREQ-	4	Numeric

ADR-CONTACT-EXT		
Bypass Label Ind (Pde-0687) MMIS: PSRWPREQ-ADR-LABEL-BYPASS	1	Y – Yes N –No
Provider Group ID (Pde-0615) MMIS: PSRWPREQ-ADR-GROUP-NPI	10	Numeric (only for SR Record)
Facility Administrator – First Name (PDE-0908) MMIS: PSRWPREQ-ADR-FAC-FNAME	11	Character
Facility Administrator – Middle Initial (PDE-0909) MMIS: PSRWPREQ-ADR-FAC-MINIT	1	Character
Facility Administrator – Last Name (PDE-0910) MMIS: PSRWPREQ-ADR-FAC-LNAME	28	Character
Filler	197	
Relationship Record (RR)		
Record Code (PDE-0911) MMIS: PSRWPREQ-REC-CD	2	RR – Relationship Record
Appl/Disc/Reval Tracking Number (Pde-0753) MMIS: PSRWPREQ-APP-TRK-NUM	10	Numeric – system generated
Action Indicator (PDE-0530) MMIS: PSRWPREQ-DIS-CHANGE-IND	1	Space - Add (use for all new applications and additions on disclosure and revalidation) C - Change (use for updates on disclosure and revalidation only) D - Delete

		(use for removal of disclosure and revalidation records only)
Record Sequence Number (PDE-0531) MMIS: PSRWPREQ-REL- I-PROV-SEQ	4	MMIS sequence number for use in identifying the record to be updated New Application: – blank Disclosure & Revalidation: - Update or delete – MMIS sequence - Addition - blank
From EIN (PDE-0516) MMIS: PSRWPREQ-REL- FRM-EIN	9	Numeric – SSN/TIN We'll display the name on the screen but the associated EIN will be passed in the batch file
Relationship Code (Pde-0701) MMIS: PSRWPREQ-REL- REL-CODE	1	W – Spouse P – Parent C – Child S - Sibling
Who EIN (PDE-0517) MMIS: PSRWPREQ-REL- WHO-EIN	9	Numeric – SSN/TIN We'll display the name on the screen but the associated EIN will be passed in the batch file
Filler	464	
Trailer Record (TR)		
Record Code (PDE-0911) MMIS: PSRWPREQ-REC- CD	2	TR – Trailer Record
Appl/Disc/Reval Tracking Number (Pde-0753) MMIS: PSRWPREQ-APP- TRK-NUM	10	Numeric – system generated
Case Type (PDE-0912) MMIS: PSRWPREQ- CASE-TYPE	1	E – Enrollment R – Revalidation U – Disclosure Update
Filler	487	

Provider Enrollment Attachment File - PES-F-0002

General Information

This file represents the attachments that have been included with the documentation. These files could be in any format. Examples are a Licenses, Board of Directors List, EFT Exemption Supporting Documentation, or a Hardship Exception Request.

Data Elements

N/A

Provider Enrollment PDF File - PES-O-0001

General Information

This PDF contains all of the information that was entered during the provider enrollment process and is formatted to look as close as possible to the actual web portal screens.

Data Elements




COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

Physician

VIRGINIA MEDICAID PROVIDER ENROLLMENT APPLICATION

Thank you for your interest in becoming a participating provider with the Virginia Medicaid program. Upon receipt of your completed Virginia Medicaid / Family Access to Medical Insurance Security Plan (FAMIS) enrollment application and any required documents your application will be processed. Processing of your application may take up to ten business days.

For detailed instructions on completing your enrollment application click here ([ENROLLMENT FORM INSTRUCTIONS](#)), or at any time during your enrollment process you may access detailed instructions by clicking on the Information Icon.  All fields denoted with an * asterisk and fields highlighted in yellow are mandatory.

Contents

- Enrollment Application
- Participation Agreement
- Attachment Instructions
- Enrollment Instructions

Programs

- PES-P-0001 Provider Enrollment Extraction
- PES-P-0002 Provider Enrollment PDF Creation
- PES-P-0003 Provider Enrollment Attachments

Provider Enrollment Extraction - PES-P-0001

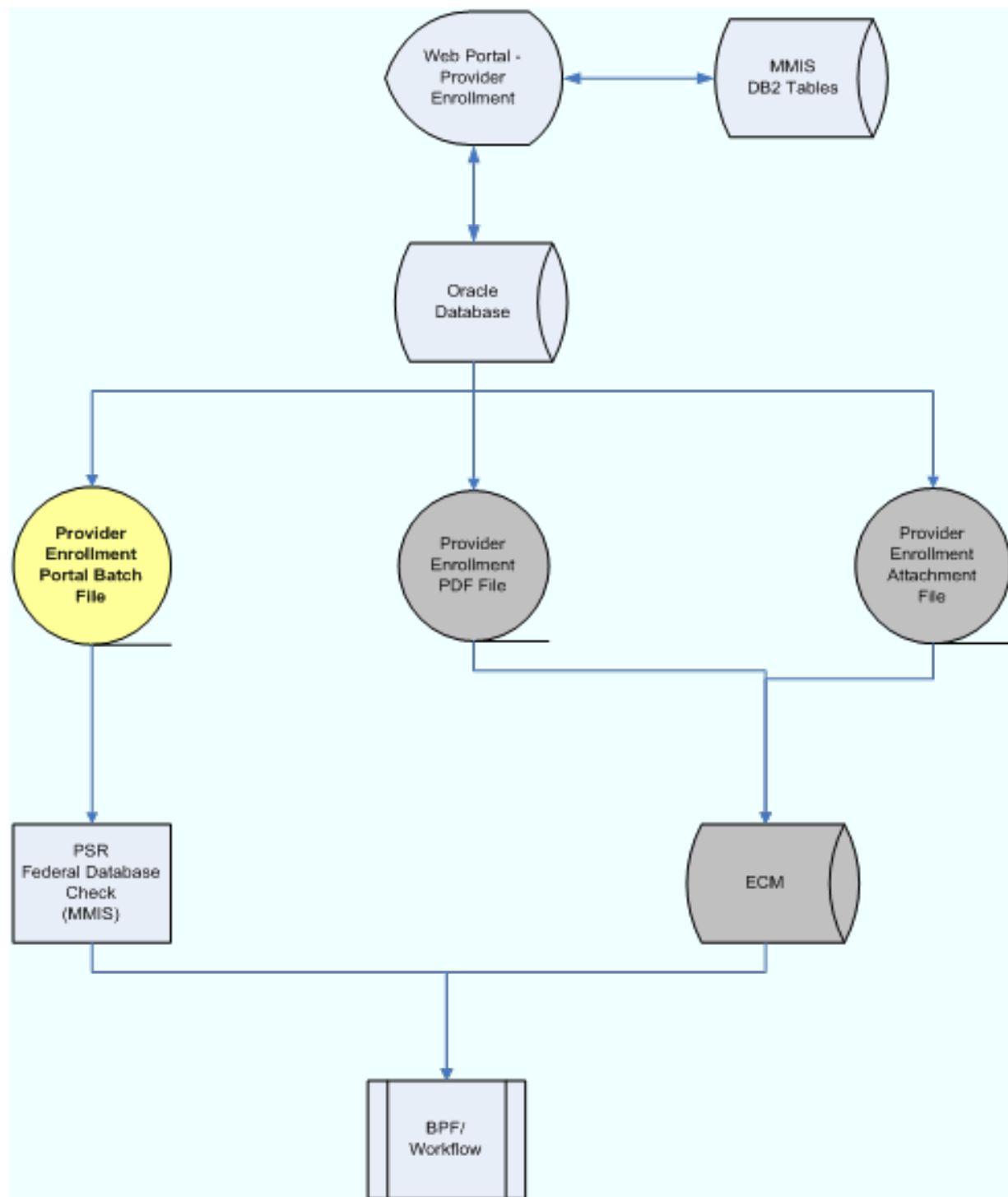
General Information

This program will run twice daily (noon and midnight) and will extract all submitted enrollment applications that are in the database.

The extract program builds the records needed for the MMIS processing of the federal database checks as part of provider enrollment and screening.

The extraction records leverage the Enrollment/Provider Maintenance – Batch File (PPM-F-0001) layout.

Process



Provider Enrollment PDF Creation - PES-P-0002

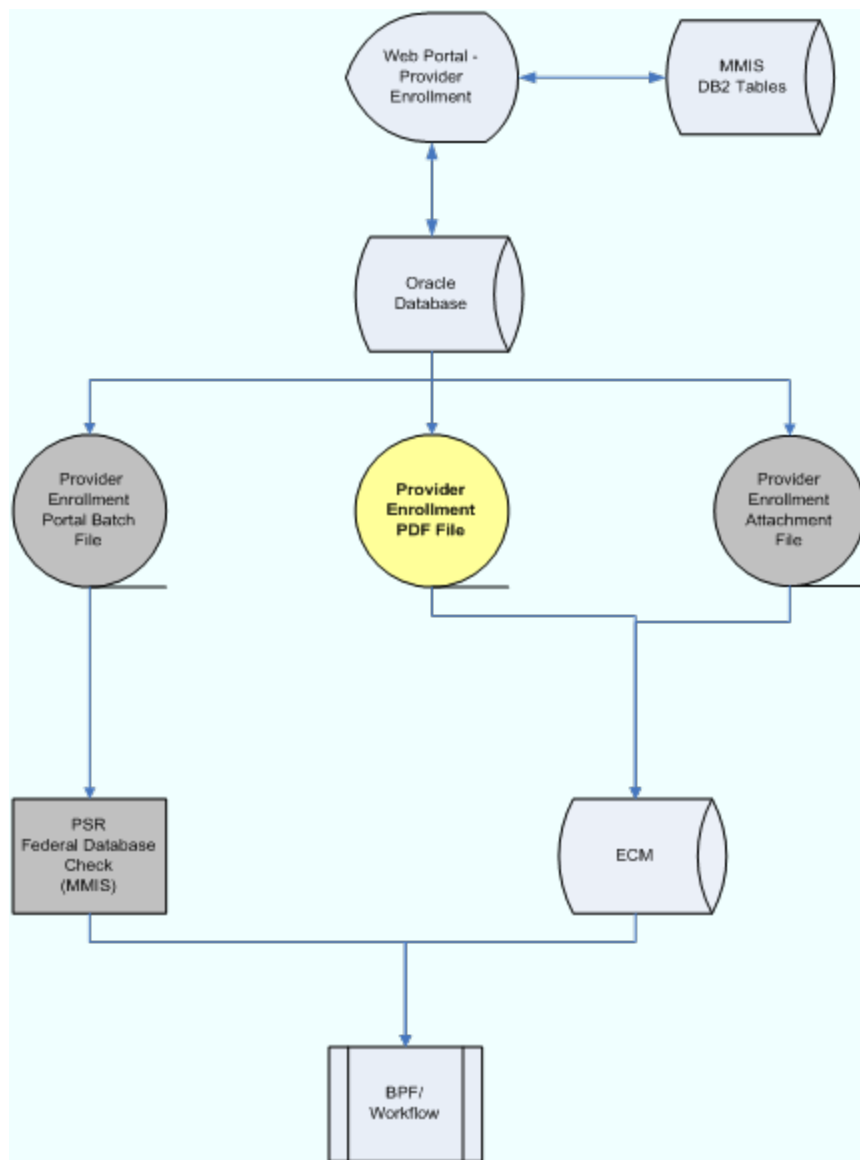
General Information

This program will run twice daily (noon and midnight) and will extract all submitted enrollment applications that are in the database.

The Provider Enrollment Extraction program (PES-O-0001) builds the records needed for the MMIS processing of the federal database checks as part of provider enrollment and screening. In conjunction with that extraction, all enrollments that are extracted will have a PDF created displaying all the information that was added for that enrollment application record.

The PDFs are loaded into the ECM and subsequently into workflow.

Process



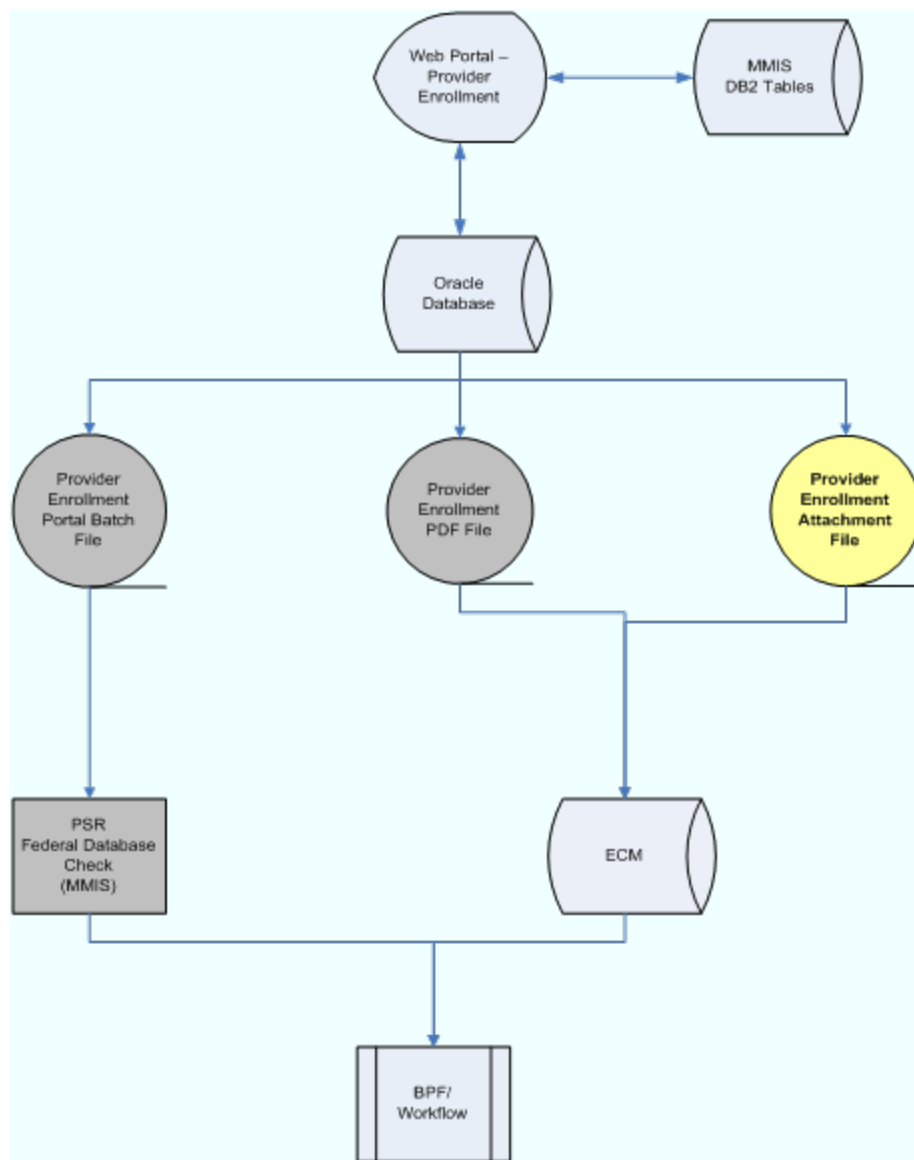
Provider Enrollment Attachments – PES-P-0003

General Information

This program will run twice daily (noon and midnight) and will extract all attachments submitted in conjunction with provider enrollment applications that are in the database.

The attachment records leverage the Enrollment/Provider Maintenance – INP File (PPM-F-0002) layout.

Process



Screens

- PES-S-0001 Provider Enrollment Super User Entry
- PES-S-0002 Provider Enrollment Application Status Tracking
- PES-S-0003 Become a Provider Request
- PES-S-0004 Become a Provider General Instructions
- PES-S-0005 Online Provider Enrollment Welcome
- PES-S-0006 Online Provider Enrollment Provider Demographic Information
- PES-S-0007 Online Provider Enrollment – Disclosure of Ownership and Control Information for Disclosing Entity
- PES-S-0008 Online Provider Enrollment Claim Payment and Processing Information
- PES-S-0009 Online Provider Enrollment – Home and Community Based Care Services Demographic
- PES-S-0010 Online Provider Enrollment Reassignment of Benefits ROB
- PES-S-0011 Online Provider Enrollment Participation Agreement
- PES-S-0012 Online Provider Enrollment Uploading Documentation
- PES-S-0013 Provider Enrollment Application or Revalidation Payment
- PES-S-0014 Application Revalidation Check Payment
- PES-S-0015 Application Revalidation Credit Card Payment
- PES-S-0016 Application Revalidation Credit Card Payment by Mail
- PES-S-0017 Online Provider Enrollment Attestation Letter
- PES-S-0018 Payment Success
- PES-S-0019 Provider Enrollment Upload Files
- PES-S-0020 Provider Enrollment General Instructions
- PES-S-0021 Provider Enrollment Enrollment Form Instructions
- PES-S-0022 Payment Denial
- PES-S-0098 Submit Completed
- PES-S-0099 Close Completed

Provider Enrollment – Super User Entry - PES-S-0001

General Information

This is the criteria screen for the Provider Enrollment – Application Status Tracking screen. The user enters either the Provider ID (NPI/API) or User ID and all records for that ID will be returned. This screen is only visible for internal users.

Screen Name	Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Superuser Access Only

Screen Sample – PES-S-0001

Virginia Medicaid

Home Claims Member Service Authorization Payment History EHR Incentive Program Provider Maintenance Provider Enrollment RA Messages Level of Care Review

Provider Enrollment

Enrollment

There is no NPI or User ID associated with this user. Provide the NPI and User ID and click on 'Submit' button.

Provider ID(NPI/API): User ID:

Submit Reset

Data Elements

Data Element Name (ID)	Instructions
Provider ID (NPI/API) (Pde-0610)	Enter an NPI or API. This field is optional (or situationally required).
PES User ID (PED-0757)	Enter a Provider Enrollment Services User ID. This field is optional (or situationally required).

Screen Navigation

Button	Action	Link
Submit	Submits the login information to the system. Navigates to the Provider Enrollment – Application Status Tracking screen.	PES-S-0002
Reset	Clears the data in the Provider ID (NPI/API) and User ID text boxes.	PES-S-0001

Error Messages

Description	Resolution
Either NPI or User ID are required and Click on 'Submit button.'	Enter a valid NPI or User ID and click the 'Submit' button.
NPI should only be Numeric	Enter a numeric NPI.
No records found for the given NPI or User ID.	Verify the NPI or User ID and try again.

Screen Access

- Access Web Portal (www.virginiamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

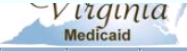
Provider Enrollment – Application Status Tracking - PES-S-0002

General Information

This screen displays summary information about the applications currently in the system.

Screen Name	Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Add, Update, Delete

Screen Sample – PES-S-0002



[Home](#)
[Claims](#)
[Member](#)
[Service Authorization](#)
[Payment History](#)
[EHR Incentive Program](#)
[Provider Maintenance](#)
[Provider Enrollment](#)
[RA Messages](#)
[Level of Care Review](#)

Provider Enrollment

Click Add New Application button to begin the Enrollment Process or to add a New Application

[Add New Application](#)

Application Type	NPI	User ID	Application Ref#	Application Submit Date	Status	% Complete	Action
Adult Day Health Care		superuser	2013259968	-	Not Submitted	-	Recall Application Delete
Consumer Directed Service Coordination	1093727117	superuser	2013259967	-	Not Submitted	-	Recall Application Delete
Adult Day Health Care		superuser	2013259966	-	Not Submitted	-	Recall Application Delete
Consumer Directed Service Coordination		superuser	2013259965	-	Not Submitted	-	Recall Application Delete
Hospital	1154411510	superuser	2013257941	-	Not Submitted	-	Recall Application Delete
DME	1154411510	superuser	2013256932	-	Not Submitted	-	Recall Application Delete
Physician	1326071093	superuser	2013256929	-	Not Submitted	-	Recall Application Delete
Physician		superuser	2013256928	-	Not Submitted	-	Recall Application Delete
Residential Psychiatric Treatment Facility	1235229113	superuser	2013256921	Sep 13, 2013	Sent for Verification	20%	
Ordering, Referring or Prescribing Provider (ORP)	1780788307	superuser	2013256916	Sep 13, 2013	Sent for Verification	20%	
Adult Day Health Care		superuser	2013256918	-	Not Submitted	-	Recall Application Delete
Residential Psychiatric Treatment Facility	1154411510	superuser	2013256913	-	Not Submitted	-	Recall Application Delete
Ordering, Referring or Prescribing Provider (ORP)	1386670545	superuser	2013256914	Sep 13, 2013	Sent for Verification	20%	
Ordering, Referring or Prescribing Provider (ORP)	1902820699	superuser	2013256911	Sep 13, 2013	Sent for Verification	20%	
Prosthetic Services	1154411510	superuser	2013256910	-	Not Submitted	-	Recall Application Delete
Rural Health Clinic	1720062169	superuser	2013255907	-	Not Submitted	-	Recall Application Delete
Skilled Nursing Home	1710993530	superuser	2013255906	Sep 12, 2013	Sent for Verification	20%	
Qualified Medicare Beneficiary (QMB)	1093754079	superuser	2013255905	Sep 12, 2013	Sent for Verification	20%	
Treatment Foster Care Program	0157888360	superuser	2013255904	Sep 12, 2013	Sent for Verification	20%	
Private Duty Nursing	1235168204	superuser	2013255901	Sep 12, 2013	Sent for Verification	20%	

Showing 1 - 20 of 309
[Back](#)
1 2 3 Next

Data Elements

Data Element Name (ID)	Instructions
Provider Type (Pde-0622)	Provider type for the enrollment application form. Display only.
Provider ID (NPI/API) (Pde-0610)	Display only.
PES User ID (Pde-0757)	Display only.
Appl/Disc/Reval Number (Pde-0753)	A unique number assigned to each enrollment application. Display only.
Application Submission Date (PDE-0901)	The date the enrollment application was submitted. Display only.
Application Status (PDE-0902)	The current status of the enrollment application. Display only.
Application Percent Complete (PDE-0903)	The percentage complete for the enrollment application. Display only.

Screen Navigation

Button	Action	Link
Add New Application	Navigates to the first screen in the new application entry, Become a Provider – Request screen.	PES-S-0003
Back	Returns to the previous screen, Provider Enrollment – Super User Entry	PES-S-0001
Previous	Displays the previous group of applications for the entered Provider ID or User ID.	PES-S-0002
Next	Displays the next group of applications for the entered Provider ID or User ID.	PES-S-0002
Recall Application	Brings up the selected application for completion, starting at the point where the data entry left off.	PES-S-0006
Delete	Deletes the selected application	PES-S-0002
Make Payment	Navigates to the Provider Enrollment Application or Revalidation – Payment screen.	PES-S-0013
Upload	Navigates to the Provider Enrollment – Upload Files screen.	PES-S-0019
Letter	Navigates to the associated letter in ECM.	N/A

Error Messages

N/A

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page

- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID.
This screen is for internal use only.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Become a Provider – Request - PES-S-0003

General Information

This screen allows the user to select the type of enrollment application to be filled out.

Screen Name	Become a Provider
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Navigation Only

Screen Sample – PES-S-0003

The screenshot shows the 'Become a Provider' page on the Virginia Medicaid website. At the top is the Virginia Medicaid logo and a navigation bar with links: Home, Claims, Member, Service Authorization, Payment History, EHR Incentive Program, Provider Maintenance, Provider Enrollment, RA Messages, and Level of Care Review. The main heading is 'Become a Provider'. Below it is a sub-heading 'Become a Provider' in a box. The text explains that users can complete an application online or contact the Virginia Provider Enrollment Services Department toll-free at 888-829-5373. It also provides a link to a paper version of the application. There are links for 'FAQ' and 'General Instructions'. A dropdown menu is labeled 'Please select a form to continue.' and currently shows 'Adult Day Health Care'. At the bottom right are 'Continue >>' and 'Cancel' buttons.

Virginia Medicaid

Home Claims Member Service Authorization Payment History EHR Incentive Program Provider Maintenance Provider Enrollment RA Messages Level of Care Review

Become a Provider

Become a Provider

If you would like to apply to become a Provider, you can do so by completing an application online. If you have any questions, please contact the Virginia Provider Enrollment Services Department toll-free at 888-829-5373 during business office hours from Monday to Friday, 8am -5pm EST.

To complete and mail a paper version of the enrollment application, please click [here](#).

[FAQ](#)
[General Instructions](#)

Please select a form to continue.

Adult Day Health Care

Continue >> Cancel

This screenshot shows the same 'Become a Provider' page, but with a dropdown menu open. The dropdown menu lists various provider types, including: Adult Day Health Care, Alzheimer's Assisted Living Waiver, Ambulance, Ambulatory Surgical Center, Audiologist, Baby Care, CMHP Transition Coordinator, Case Management DD Waiver, Certified Professional Midwife, Chiropractor, Christian Science SNF, Clinical Nurse Specialist - Psychiatric Only, Clinical Psychologist, Comprehensive Outpatient Rehab Facility (CORF), Consumer Directed Service Coordination, DME, Developmental Disability Waiver, Early Intervention, Emergency Air Ambulance, Family Caregiver Training, Federally Qualified Health Center, Group Enrollment Packet, Health Department Clinic, Hearing Aid, Home Health Agency, Hospice, Hospital, Hospital Medical Surgery Mental Health and Mental Retarded, Hospital Medical Surgery Mental Retarded, Hospital TB, and Adult Day Health Care. The 'Adult Day Health Care' option is currently selected. The rest of the page content is the same as the previous screenshot.

Adult Day Health Care

Alzheimer's Assisted Living Waiver

Ambulance

Ambulatory Surgical Center

Audiologist

Baby Care

CMHP Transition Coordinator

Case Management DD Waiver

Certified Professional Midwife

Chiropractor

Christian Science SNF

Clinical Nurse Specialist - Psychiatric Only

Clinical Psychologist

Comprehensive Outpatient Rehab Facility (CORF)

Consumer Directed Service Coordination

DME

Developmental Disability Waiver

Early Intervention

Emergency Air Ambulance

Family Caregiver Training

Federally Qualified Health Center

Group Enrollment Packet

Health Department Clinic

Hearing Aid

Home Health Agency

Hospice

Hospital

Hospital Medical Surgery Mental Health and Mental Retarded

Hospital Medical Surgery Mental Retarded

Hospital TB

Adult Day Health Care

Continue >> Cancel

Data Elements

Data Element Name (ID)	Instructions
Provider Type (Pde-0622)	From the list box, select the provider type for the application. This field is required.

Screen Navigation

Button	Action	Link
here	Navigates to the Public Portal Provider Enrollment Forms screen where the user can select a PDF version of the enrollment form to print and fill out.	PUB-S-0003
FAQ	Navigates to the Public Portal - Frequently Asked Questions (FAQ) Menu	PUB-S-0015
General Instructions	Navigates to Virginia Medicaid Web Portal Provider Enrollment – General Instructions	PES-S-0020
Continue >>	Navigates to the Become a Provider – General Instructions screen	PES-S-0004
Cancel	Navigates to the Secured Provider – Home Page	PRV-S-0001

Error Messages

N/A

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible to internal users only.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking Screen

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Become a Provider – General Instructions - PES-S-0004

General Information

This screen displays the application number and instructions for completing the enrollment form.

Screen Name	Become a Provider
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire

Screen Sample – PES-S-0004

Virginia Medicaid

Home Claims Member Service Authorization Payment History EHR Incentive Program Provider Maintenance Provider Enrollment RA Messages Level of Care Review

Become a Provider

Application Number

Application Number
2013259969

Provider Enrollment Instructions

- If you are applying for both an individual provider number and a group provider number you must complete a separate application for each number.
- For all date fields, use the date format (mm/dd/yyyy) unless otherwise indicated.
- Individual Provider Applications must be signed by the Individual applying for the Provider Number.
- Complete all areas of the application, unless otherwise indicated.
- After completing each page of your application, click "Next" button to continue application process and follow the steps to validate your application.

Continue >>

Data Elements

Data Element Name (ID)	Instructions
Appl/Disc/Reval Tracking Number (Pde-0753)	This is a unique identifying number assigned to each enrollment application. Display only.

Screen Navigation

Button	Action	Link
Continue >>	Navigates to the Online Provider Enrollment – Welcome screen	PES-S-005

Error Messages

N/A

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible to internal users only.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking Screen
- Select the type of enrollment form and click the Continue>> button

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Online Provider Enrollment – Welcome - PES-S-0005

General Information

This screen allows the entry of provider demographic information, such as NPI, addresses, specialties, and languages. The user can print this off for their records if they wish.

Screen Name	Online Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Navigation

Screen Sample – PES-S-0005

Online Provider Enrollment

Application Links

- Welcome
- ① Provider Demographic
- ② Ownership
- ③ Payment
- ④ Reassignment Of Benefits
- ⑤ Participation Agreement
- ⑥ Attachment Instructions

Instructions

Print

[Entire Document](#)

[Current Page](#)



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

Physician

VIRGINIA MEDICAID PROVIDER ENROLLMENT APPLICATION

Thank you for your interest in becoming a participating provider with the Virginia Medicaid program. Upon receipt of your completed Virginia Medicaid / Family Access to Medical Insurance Security Plan (FAMIS) enrollment application and any required documents your application will be processed. Processing of your application may take up to ten business days.

For detailed instructions on completing your enrollment application click here [\(ENROLLMENT FORM INSTRUCTIONS\)](#) , or at any time during your enrollment process you may access detailed instructions by clicking on the Information icon. ⓘ All fields denoted with an * asterisk and fields highlighted in yellow are mandatory.

Contents

- Enrollment Application
- Participation Agreement
- Attachment Instructions
- Enrollment Instructions

[<< Prev](#) [Next >>](#) [Save](#) [Close](#)

Data Element Name (ID)	Instructions
Provider Type (Pde-0622)	This is the provider type for the application form. Display only.

Screen Navigation

Button	Action	Link
<< Prev	Always Disabled	N/A
Next >>	Navigates to the Online Provider Enrollment – Provider Demographic Information screen	PES-S-0006
Save	Saves the data to the database. Button is only enabled when the user has entered data, not saved it, and returned to this Welcome screen.	N/A
Close	Closes the application and exits the current screen	PES-S-0099
Welcome	This is the current screen.	N/A
Provider Demographic	If the data on the current page is clean, this link navigates to the first page of the Online Provider Enrollment – Provider Demographic Information screen, which is the current section.	PES-S-0006
Ownership	If the data on the current page is clean, this link navigates to the Online Provider Enrollment –Disclosure of Ownership and Control Information for Disclosing Entity screen.	PES-S-0007
Payment	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen.	PES-S-0008
Home Community	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Home and Community Based Care Services Demographic screen. This link is only available for Application Groups 4, 12, and 14 – 19.	PES-S-0009
Reassignment of Benefits	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Reassignment of Benefits screen. This link is available only for Application Groups 2 and 8.	PES-S-0010
Participation Agreement	If the data on the current page is clean, this link navigates to the Online Provider Enrollment –Participation Agreement screen.	PES-S-0011
Attachment Instructions	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Uploading Documentation screen.	PES-S-0012
Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021
Print Entire Document	Allows the user to print the entire Enrollment Form for their records.	N/A

Print Current Page	Allows the user to print the current page of the Enrollment Form for their records.	N/A
Enrollment Form Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021

Error Messages

Description	Resolution
One or more of the items in this form contains an invalid value. Click OK to continue printing.	Click OK to print the application or click Cancel to return to the application to make corrections.

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue>> button
- Click the Continue>> button on the Become a Provider – General Instructions screen

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Online Provider Enrollment – Provider Demographic Information - PES-S-0006

General Information

This screen allows the entry of provider demographic information, such as NPI, addresses, specialties, and languages. The user will have the capability to print this off for their records. This screen applies to all Application Groups. The screen sample below is only for Physician enrollment form (Application Group 2). Application Group specific information will be detailed in the Data Elements section.

Screen Name	Online Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Add, Update, Delete, Inquire

Screen Sample – PES-S-0006

Online Provider Enrollment

Application Links

- Welcome
- Provider Demographic**
- Ownership
- Payment
- Reassignment Of Benefits
- Participation Agreement
- Attachment Instructions

Instructions

Print

[Entire Document](#)

[Current Page](#)

SECTION I: PROVIDER DEMOGRAPHIC INFORMATION

For detailed instructions on completing your enrollment application click here [Provider Demographic Instructions](#)

1. National Provider Identifier (NPI) *

2. Individual Name *

First * MI Last * Suffix Title

3. Primary Servicing Address (Physical location where provider renders services) *

If you are a member of a group practice, enter the group practice NPI for this servicing address: * [Delete](#)

Attention *

Address * Street * City * State * Zip *

Office Phone * Ext. * 24 Hour Phone *

TDD Phone * Fax Number * Email *

Contact Name * Contact Phone *

[Add Row](#)

4. Correspondence Address (This address will be used to send forms, memoranda, etc.) *

Attention *

Address * Street * City * State * Zip *

Office Phone * Ext. *

TDD Phone * Fax Number * Email *

Do you want to receive mailed Medicaid correspondence at this address? ☒ Yes ☐ No

5. Pay To Address *

Attention *

Address * Street * City * State * Zip *

Office Phone * Ext. *

TDD Phone * Fax Number * Email *

Contact Name * Contact Phone *

[<<Prev](#) [Next>>](#) [Save](#) [Close](#)

Online Provider Enrollment

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6. Remittance Advice Address ⓘ

Attention

Address Select State

Street City State Zip

Office Phone Ext.

Address Select State

Street City State Zip

Office Phone Ext.

TDD Phone Fax Number Email

7. Social Security Number ⓘ * Date of Birth *

8. IRS Name and Taxpayer Identification Number (Optional for individuals who bill and accept payments through a group practice) ⓘ

IRS Name

Taxpayer Identification Number (TIN)

9. Doing Business as (DBA) Name ⓘ

10. Requested Effective Date of Enrollment ⓘ *

11. Licensing and Required Documents. Check all that apply. ⓘ *

☒ State Medical Board License # * State *

Begin Date * End Date *

Attach a copy on the Attachment Instructions page if your license cannot be validated through an internet search.

☐ DPOR

12. Specific Requirements for your application type is not applicable. ⓘ

13. Mammography Services ⓘ * ☐ Yes ☐ No

Are you currently conducting breast cancer screening or diagnosis through mammography activities?

14. Primary Medical Specialty ⓘ *

Secondary Medical Specialties

15. Languages Other Than English Spoken (Check all that apply) ⓘ

☐ Farsi ☐ Hindi ☐ Korean ☐ Spanish ☐ Vietnamese ☒ Other

16. Signature Waiver ⓘ * ☐ Yes ☐ No

I certify that I have authorized submission of claims to Virginia Medicaid, which contain my typed, computer generated, or stamped signature.

Data Elements

Data Element Name (ID)	Instructions
Provider ID (NPI/API) (Pde-0610)	The provider's NPI or API. This field is required for all providers EXCEPT Application Groups 6, 7, 12, 16, 17, 18, and 19.
Provider	Combination of Provider's First Name, Middle Initial, Last Name, Suffix, and

Name (Pde-0613)	Title. Or this could be the facility or organization name. This field is required for all Application Groups EXCEPT 2 & 8.
Provider First Name (PDE-0982)	The first name of the provider. This field is required for Application Groups 2, 6, 8, 12, 15, 17, 20, 21, and 26. It is optional for Application Group 3.
Provider Middle Initial (PDE-0983)	The last name of the provider. This field is optional for Application Groups 2, 3, 6, 8, 12, 15, 17, 20, 21, and 26.
Provider Last Name (PDE-0981)	The last name of the provider. This field is required for Application Groups 2, 6, 8, 12, 15, 17, 20, 21, and 26. It is optional for Application Group 3.
Provider Suffix (PDE-0500)	The suffix portion of the provider's name. This field is optional for Application Groups 2, 6, 8, 12, 15, 17, 20, 21, and 26.
Provider Title (PDE-0501)	The provider's title. This field is optional for Application Groups 2, 6, 8, 12, 15, 17, 20, 21, and 26.

Individual Name *
 First MI Last Suffix Title

Organization Name *


Provider Group ID (Pde-0615)	The NPI assigned to the group practice for the servicing address. This field is optional for Application Groups 2, 3, 8, and 23.
Servicing Address – Attn (Pde-0628)	Can contain only the special characters: period, comma, hyphen, underscore, ! @ # \$ % ^ & *. This field is optional.
Servicing Address – Address 1 (Pde-0632)	The street address of the servicing provider. This field is required.
Servicing Address – City (Pde-0633)	The city of the servicing provider. This field is required.
Servicing Address – State (Pde-0634)	Select the state for the servicing provider. Defaults to VA for Application Groups 7, 17, 18, and 19. This field is required.
Servicing Address – Zip (Pde-0635) + Servicing Address – Zip Extn (Pde-0636)	The zip code plus the zip code extension for the servicing provider. Format is ##### or #####. This field is required.
Servicing Address – Office	The phone number for the servicing provider. Format is ##### or ###-###-####.

Phone (Pde-0629)	This field is required.
Servicing Address – Office Ext (Pde-0630)	The phone number extension for the servicing provider. Format is 5 digit numeric. This field is optional.
Servicing Address – 24 Hr Phone (Pde-0637)	The 24-hour access phone number for the servicing provider. Format is ##### or ###-###-####. This field is optional.
Servicing Address – TDD (Pde-0639)	The TDD phone number for the servicing provider. Format is ##### or ###-###-####. This field is optional.
Servicing Address – Fax (Pde-0631)	The FAX number for the servicing provider. Format is ##### or ###-###-####. This field is optional.
Servicing Address – Email (Pde-0641)	The email address for the servicing provider. Format is user-name@domain.xxx where xxx can be com, net, edu, or any valid top-level domain value. This field is required.
Servicing Address – Contact Name (Pde-0642)	The name of the contact for the servicing provider. This field is optional.
Servicing Address – Contact Phone (Pde-0643)	The phone number for the contact for the servicing provider. Format is ##### or ###-###-####. This field is optional.
Correspondence Address – Attn (Pde-0645)	Can contain only the special characters: period, comma, hyphen, underscore, ! @ # \$ % ^ & *. This field is optional.
Correspondence Address – Address (Pde-0649)	The correspondence street address. This field is required.
(Correspondence Address – City (Pde-0650)	The correspondence city. This field is required.
Correspondence Address – State (Pde-0651)	Select the correspondence state. This field is required.
Correspondence Address – Zip (Pde-0652) + Correspondence Address – Zip Extn	The correspondence zip code plus the extension for that zip code. Format is ##### or #####. This field is required.

(Pde-0653)	
Correspondence Address – Office Phone (Pde-0646)	The correspondence phone number. Format is ##### or ###-###-####. This field is required.
Correspondence Address – Office Ext (Pde-0647)	The correspondence phone number extension. Format is 5 digit numeric. This field is optional.
Correspondence Address – TDD (Pde-0654)	The correspondence 24-hour access phone number. Format is ##### or ###-###-####. This field is optional.
Correspondence Address – Fax (Pde-0648)	The correspondence TDD phone number. Format is ##### or ###-###-####. This field is optional.
Correspondence Address – Email (Pde-0656)	The correspondence FAX number. Format is ##### or ###-###-####. This field is required.
Bypass Label Ind (Pde-0687)	Indicates if the provider wants to receive Medicaid mail at the correspondence address. This field is optional.
Pay To Address – Attn (Pde-0657)	Can contain only the special characters: period, comma, hyphen, underscore, ! @ # \$ % ^ & *. This field is optional but is not available for Application Group 26.
Pay To Address – Address (Pde-0661)	The street address of the pay-to provider. This field is optional but is not available for Application Group 26.
(Pay To Address – City (Pde-0662)	The city of the pay-to provider. This field is optional but is not available for Application Group 26.
Pay To Address – State (Pde-0663)	Select the state for the pay-to provider. This field is optional but is not available for Application Group 26.
Pay To Address – Zip (Pde-0664) + Pay To Address – Zip Extn (Pde-0665)	The zip code plus the zip code extension for the pay-to provider. Format is ##### or #####. This field is optional but is not available for Application Group 26.
Pay To Address – Office Phone (Pde-0658)	The phone number for the pay-to provider. Format is ##### or ###-###-####. This field is optional but is not available for Application Group 26.
Pay To Address – Office Ext (Pde-0659)	The phone number extension for the pay-to provider. Format is 5 digit numeric. This field is optional but is not available for Application Group 26.
Pay To Address –	The TDD phone number for the pay-to provider. Format is ##### or

TDD (Pde-0666)	###-###-####. This field is optional but is not available for Application Group 26.
Pay To Address – Fax (Pde-0660)	The FAX number for the pay-to provider. Format is ##### or ###-###-####. This field is optional but is not available for Application Group 26.
Pay To Address – Email (Pde-0668)	The email address for the pay-to provider. Format is user-name@domain.xxx where xxx can be com, net, edu, or any valid top-level domain value. This field is optional but is not available for Application Group 26.
Pay To Address – Contact Name (Pde-0669)	The name of the contact for the pay-to provider. This field is optional but is not available for Application Group 26.
Pay To Address – Contact Phone (Pde-0670)	The phone number for the contact for the pay-to provider. Format is ##### or ###-###-####. This field is optional but is not available for Application Group 26.
Remittance Advice Address – Attn (Pde-0673)	Can contain only the special characters: period, comma, hyphen, underscore, ! @ # \$ % ^ & *. This field is optional but is not available for Application Group 26.
Remittance Advice Address – Address (Pde-0677)	The street address for the provider's remittance advice. This field is optional.
(Remittance Advice Address – City (Pde-0678)	The city for the provider's remittance advice. This field is optional.
Remittance Advice Address – State (Pde-0679)	Select the state for the provider's remittance advice. This field is optional.
Remittance Advice Address – Zip (Pde-0680) + Remittance Advice Address – Zip Extn (Pde-0681)	The zip code plus the zip code extension for the provider's remittance advice. Format is ##### or #####. This field is optional.
Remittance Advice Address – Office Phone (Pde-0674)	The phone number for the provider's remittance advice. Format is ##### or ###-###-####. This field is optional.
Remittance Advice Address – Office Ext (Pde-0675)	The phone number extension for the provider's remittance advice. Format is 5 digit numeric. This field is optional.

Remittance Advice Address – TDD (Pde-0682)	The TDD phone number for the provider's remittance advice. Format is ##### or ###-###-####. This field is optional.
Remittance Advice Address – Fax (Pde-0676)	The FAX number for the provider's remittance advice. Format is ##### or ###-###-####. This field is optional.
Remittance Advice Address – Email (Pde-0684)	The email address for the provider's remittance advice. Format is user-name@domain.xxx where xxx can be com, net, edu, or any valid top-level domain value. This field is optional.
FEIN/SSN (Pde-0611)	Social Security Number of the individual provider. 9 digit numeric. Enter with no spaces or hyphens. This field is required for Application Groups 2, 6, 18 (if an individual applicant), and 25 (if an individual applicant). It is optional for Application Groups 3, 8, 16, 20, 21, and 22.
Provider Date of Birth (Pde-0685)	Date of birth of the individual provider. Format is MM-DD-YYYY or MM/DD/YYYY. This field is required for Application Groups 2, 6, 18 (if an individual applicant), and 25 (if an individual applicant). It is optional for Application Groups 3, 8, 16, 20, 21, and 22.

Type of Applicant (Please check only one)  *

- ☐ Corporation
 ☐ Group Practice
☒ Individual
 ☐ Limited Liability Company
☐ Partnership

Social Security Number * Date of Birth *

Provider IRS Name (PDE-0502)	The name on file with the IRS. This field is required for all Application Groups EXCEPT 2, 8, and 26. It's not applicable to Application Group 26 and is optional for Application Groups 2 and 8.
FEIN/SSN (Pde-0611)	Taxpayer Identification Number (TIN). 9 digit numeric. Enter with no spaces or hyphens. This field is optional for individual who bill and accept payments through a group practice. Required for individual providers who practice as a solo practitioner and will bill under a TIN other than the SSN. This field is optional for individual providers who practice with a group.
Provider DBA (PDE-0504)	Doing Business As (DBA) Name This field is optional but is not applicable to Application Group 26.

Enrollment Requested Effective Date (PDE-0505)	Date requested for enrollment to begin. This field is required. It is optional for Application Groups 25, 12, 22, 23, 5, 3, 20, 21, 18, 14, 9, and 10.
ORP Provider Type (PDE-0920)	Indicator of the type of Ordering, Referring and Prescribing provider. This is required (and only applicable) for Application Group 26.

Ordering, Referring and Prescribing Provider Type *

- | | |
|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Non-Medicaid TDO |
| <input type="checkbox"/> Baby Care | <input type="checkbox"/> Nurse Anesthetist |
| <input type="checkbox"/> Certified Professional Midwife | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Optician |
| <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Out of State Physician |
| <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Out of State Psychiatrist |
| <input type="checkbox"/> License Marriage and Family Therapist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Licensed Psychologist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Licensed School Psychologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Licensed Substance Abuse Treatment Practitioners | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> ORP Other | |

License Number (Pde-0624)	A number associated with the provider's license. This field is optional (or situationally required) for Application Group 3. It is required for all Application Groups EXCEPT 8, 12, 15, 16, 17, 18, 23, and 26.
License Begin Date (PDE-0906)	The being date of the license. This field is required for all Application Groups EXCEPT 8, 12, 15, 16, 18, and 23. Required for Application Group 3 if License number is entered.
License End Date	The end date of the license. This field is required for all Application Groups EXCEPT 8, 12, 15, 16, 18, and 23.

(PDE-0907)	Required for Application Group 3 if License number is entered.
Licensing Board (PDE-0506)	The licensing board that issued the provider's license. This field is optional (or situationally required) for Application Groups 3, 20, and 21. The situational requirement is if a license number or issuing state is entered.
License Issuing State (PDE-0507)	State that issued the license. This field is required for Application Groups 2, 20, 21, and 26. It's optional for Application Group 3.
License Entity (PDE-0508)	This is the entity within the state that licensed the provider. This field is optional (or situationally required) for Application Group 3.
	Note: if the provider has an out of state servicing address, outside of 50 miles of the Virginia border, and 'Telemedicine' as one of their specialties, they will receive a second version of this section to complete for both their out-of-state license information as well as their Virginia information.

License / Certification Number *

Licensing Board *

Issuing State Entity

License Begin Date * License End Date *

Rate Sheet Established (PDE-0984)	Indicates that the providers rate sheet has been established. This field is required for Application Group 5.
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License and Required Documents. Check all that apply.

☐ Centers for Medicare and Medicaid Services (CMS) Certification

☐ Physician Director's License

☐ Rate sheet has been established with DMAS or Myers and Stauffer LC *

Early Intervention Service Type (PDE-0988)	Indicates the type of early intervention service that will be provided by the provider. This field is required for Application Group 22.
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License Information and Required Documents (Select Service)

☐ Early Intervention Case Management

☐ Early Intervention Professional


☐ Early Intervention Specialist

Enter Department of Behavioral Health and Developmental Services (DBHDS) License

License Number * Begin Date * End Date *

Mammography Certificate	Indicates whether the provider has an FDA mammography cer-
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Ind (PDE-0509)	tification. This field is required for Application Groups 1, 2, 3, & 5.
Specialty Code Description (Pde-0626)	Description associated with the provider specialty. This field is required for Application Group 2.
Application Type (PDE-0510)	This is the type of application being filled out by the provider. Required for all Application Groups EXCEPT Application Groups 2 and 26.


Type of Applicant (Please check only one)  *

☐ Corporation ☐ Group Practice

☐ Individual ☐ Limited Liability Company

☐ Partnership

Languages (Pde-0627)	Languages spoken in the provider's office. This field is required and defaults to English if none is selected.
Signature Waiver Ind (PDE-0511)	Indicates whether the provider authorizes the submission of Medicaid claims which contain the provider's typed, computer generated or stamped signature. This field is required for all Application Groups.
Medicare Certification Date (PDE-0572)	The date that the provider was fully certified for participation with Title XVIII (Medicare) of Public Law 89-97. This field is optional (or situationally required). It is required for Application Group 25 when the Medicare Certification Indicator has been checked. (See previous screen image.)
Revalidation – Fee Paid Indicator (Pde-0761)	Indicates that an application fee was paid within the last 12 months. This field is required for Application Groups 1, 3, 9, 10, 15, and 25.

Application Fee  *

☐ Yes ☒ No I have paid an application Fee within the last 12 months.

Please check an option below.

☐ I will pay the application fee to Virginia Medicaid.

☐ I am submitting a Hardship Exception Request.

☐ I have submitted a Hardship Exception Request and it is in-process.

☐ I have received an approved Hardship Exception Request letter from CMS.

Revalidation – Fee Agency (Pde-0750)	The agency that previously received application/revalidation fee within the last 12 months. This field is optional (or situationally required). It is situationally required for Application Groups 1, 3, 9, 10, 15, and 25 if it was indicated that an application fee had been paid.
Revalidation – Medicaid State (Pde-0751)	The state Medicaid agency that previously collected the application/revalidation fee. This field is optional (or situationally required). It is situationally required for Application Groups 1, 3, 9, 10, 15, and 25 if it was indicated that an application fee had

	been paid.
Revalidation – Fee Paid Date (Pde-0752)	The date the previous payment was made. This field is optional (or situationally required). It is situationally required for Application Groups 1, 3, 9, 10, 15, and 25 if it was indicated that an application fee had been paid.

Application Fee ⓘ *

☒ Yes ☐ No I have paid an application Fee within the last 12 months.

I have previously paid an application fee to

Date Paid State

Revalidation – Hardship Indicator (Pde-0760)	The indication of whether a hardship exception is needed, in progress or approved. This field is optional (or situationally required). It is optional for Application Groups 1, 3, 9, 10, 15, and 25 when it was indicated that an application fee had not been paid.
Revalidation – Hardship Submitted Date (Pde-0749)	Indicates the date that a Hardship Exception Request was submitted. This field is optional (or situationally required). It is situationally required for Application Groups 1, 3, 9, 10, 15, and 25 if it was indicated that a hardship request was submitted.

Application Fee ⓘ *

☐ Yes ☒ No I have paid an application Fee within the last 12 months.

☐ I wish to pay the application fee to Virginia Medicaid.

☐ I wish to submit a Hardship Exception Request.

☐ I have received an approved Hardship Exception Request letter from CMS.

☒ I have submitted a Hardship Exception Request and it is in-process.

Please enter the date the Hardship Exception Request was submitted.

Please attach your Hardship Exception Request Letter on the Attachment Instructions page.

Prior Screening – Screening Status Indicator (Pde-0747)	Indicates the status of the prior screening. This field is optional (or situationally required) and applies to Application Groups 3 and 15.
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Provider Screening (Check one of the following) ⓘ *

☐ I have been screened by Medicare in the last 12 months.

☐ I have been screened by another state Medicaid Agency in the last 12 months.

☐ Screening is currently in process by Medicare or another state Medicaid Agency.

☐ I have not yet been screened by Medicare or another state Medicaid Agency.

Prior Screening – Medicaid State (Pde-0745)	The state Medicaid agency that previously conducted healthcare screening. This field is optional (or situationally required). It is situationally required for Application Groups 3 and 15 if it was indicated that a prior screening by another state's Medicaid agency had taken place.
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Provider Screening (Check one of the following) ⓘ *

☐ I have been screened by Medicare in the last 12 months.

☒ I have been screened by another state Medicaid Agency in the last 12 months.

State Date Approved

☐ Screening is currently in process by Medicare or another state Medicaid Agency.

☐ I have not yet been screened by Medicare or another state Medicaid Agency.

Prior Screening – Agency (Pde-0744)	The agency that conducted the prior screening. This field is required for Application Groups 3 and 15.
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Provider Screening (Check one of the following) ⓘ *

☐ I have been screened by Medicare in the last 12 months.

☐ I have been screened by another state Medicaid Agency in the last 12 months.

☒ Screening is currently in process by Medicare or another state Medicaid Agency. State

☐ I have not yet been screened by Medicare or another state Medicaid Agency.

Prior Screening – Approval Date (Pde-0746)	The approval date of the previous healthcare screening. This field is optional (or situationally required). It is situationally required for Application Groups 3 and 15 if it was indicated that a prior screening had taken place in the last 12 months or a prior screening by another state's Medicaid agency had taken place.
--	--

Provider Screening (Check one of the following) ⓘ *

☒ I have been screened by Medicare in the last 12 months. Date Approved

☐ I have been screened by another state Medicaid Agency in the last 12 months.

☐ Screening is currently in process by Medicare or another state Medicaid Agency.

☐ I have not yet been screened by Medicare or another state Medicaid Agency.

Provider Screening (Check one of the following) ⓘ *

☐ I have been screened by Medicare in the last 12 months.

☒ I have been screened by another state Medicaid Agency in the last 12 months.

State Date Approved

☐ Screening is currently in process by Medicare or another state Medicaid Agency.

☐ I have not yet been screened by Medicare or another state Medicaid Agency.

POS Billing Indicator (PDE-0570)	Indicates whether the provider has enrolled in Point of Sale for services rendered to Medicaid members. This field is optional and applies to Application Group 3 only.
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Point-of-Sale (POS) Pharmacies Only: ☐ Yes ☐ No

Facility Administrators First Name (PDE-0908)	First name of the facility's administrator. This field is required for Application Groups 1, 9, and 10.
Facility Administrators Middle Initial (PDE-0909)	Middle initial of the facility's administrator. This field is optional for Application Groups 1, 9, and 10.
Facility Administrators Last Name (PDE-0910)	Last name of the facility's administrator. This field is required for Application Groups 1, 9, and 10.

Facility Administrator's Name
First MI Last

Type of Service Ind (PDE-0914)	Indicates the type of service the provider is applying for or is licensed to perform. This field is optional for Application Groups 20 and 21.
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Type of Service: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Community Residential Services | <input type="checkbox"/> MH/MR Case Management |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Opioid Treatment |
| <input type="checkbox"/> Crisis Stabilization | <input type="checkbox"/> Psychosocial Rehabilitation |
| <input type="checkbox"/> Day Treatment for Children/Adolescents | <input type="checkbox"/> Substance Abuse Case Management |
| <input type="checkbox"/> Day Treatment or Residential Treatment for Pregnant Women | <input type="checkbox"/> Substance Abuse Crisis Intervention |
| <input type="checkbox"/> Day Treatment Partial Hospitalization | <input type="checkbox"/> Substance Abuse Day Treatment |
| <input type="checkbox"/> EPSDT Behavioral Therapy | <input type="checkbox"/> Substance Abuse Intensive Outpatient |
| <input type="checkbox"/> Intensive Community Treatment | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Intensive In-Home | |

Type of Service: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Personal Emergency Response System |
| <input type="checkbox"/> Companion Services(Agency Directed) | <input type="checkbox"/> Prevocational Services |
| <input type="checkbox"/> Crisis Stabilization | <input type="checkbox"/> Residential Support |
| <input type="checkbox"/> Crisis Supervision | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Day Support | <input type="checkbox"/> Skilled Nursing Services |
| <input type="checkbox"/> Environmental Modification | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Personal Assistance | <input type="checkbox"/> Therapeutic Consultation |

Specialty Code Description (Pde-0626)	The description associated with the provider specialty. Primary and secondary specialties can be entered. This field is required for Application Group 2 and is not displayed for other Application Groups.
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Screen Navigation

Button	Action	Link
<< Prev	Returns to the previous page, which could be a previous demographic page or the Online Provider Enrollment – Welcome screen.	PES-S-0005 or PES-S-0006
Next >>	Navigates to the next page. This could be a subsequent demographic page or the Online Provider Enrollment – Disclosure of Ownership and Control Information for Disclosing Entity page. For Application Group 26, this navigates to the Online Provider Enrollment – Participation Agreement screen.	PES-S-0006 or PES-S-0007 or PES-S-0011
Save	This saves the application in its current state and displays a message box with the message 'Your application has been saved successfully'.	PES-S-0006
Close	Closes the application and exits the current screen.	PES-S-0099
Delete	Deletes a section of Primary Servicing Address information.	PES-S-0006
Welcome	If the data on the current page is clean, it navigates to the Online Provider Enrollment – Welcome screen.	PES-S-0005
Provider Demographic	If the data on the current page is clean, this link navigates to the first page of the Online Provider Enrollment – Provider Demographic Information screen, which is the current section.	PES-S-0006
Ownership	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Disclosure of Ownership and Control Information for Disclosing Entity screen.	PES-S-0007
Payment	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen.	PES-S-0008
Home Community	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Home and Community Based Care Services Demographic screen. This link is only available for Application Groups 4, 12, and 14 – 19.	PES-S-0009
Reassignment of Benefits	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Reassignment of Benefits screen. This link is available only for Application Groups 2 and 8.	PES-S-0010
Participation Agreement	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Participation Agreement screen.	PES-S-0011
Attachment Instructions	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Uploading Documentation screen.	PES-S-0012
Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021

Print Entire Document	Allows the user to print the entire Enrollment Form for their records.	N/A
Print Current Page	Allows the user to print the current page of the Enrollment Form for their records.	N/A
Provider Demographic Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021
Click Here for Instructions to Complete	Displays This only appears when the Application Fee question has been answered with a “No” and option “I wish to submit a Hardship Exception Request.” has been selected.	PES-S-0018

Error Messages

Description	Resolution
This information is mandatory. Enter valid 10 digit NPI in the following format: #####.	Enter a 10-digit numeric value.
Invalid information entered.. Enter valid 10 digit NPI in the following format: #####.	Enter a 10-digit numeric value.
Invalid information entered. Enter API in the following format: #####.	Enter a 10-digit numeric value.
Invalid information entered. Enter SSN in the following format: #####	Enter a 9-digit numeric value.
This information is mandatory. Enter SSN in the following format: #####	Enter a 9-digit numeric value.
This information is mandatory.	Enter data into all yellow-highlighted text boxes. These required fields may also have a red asterisk beside them.
Invalid information entered.	Enter valid information for the field.
This information is mandatory. Please enter date in one of the following formats: MM/DD/YYYY, MM-DD-YYYY, or by using the pop up calendar.	Enter a date in one of the specified formats.
This information is mandatory. Please enter date in one of the following formats: MM/DD/YYYY, MM-DD-YYYY, or by using the pop up calendar. Note the date cannot go back more than a year.	Check the date and re-enter in one of the specified formats.
This information is mandatory. Select the State	Select a state from the list box.
This information is mandatory. Enter the ZIP Code in either ##### or ##### -#### format.	Enter the ZIP Code in either of the requested formats.

Invalid information entered. Enter the ZIP Code in either ##### or #####-#### format.	Enter the ZIP Code in either of the requested formats.
This information is mandatory. Enter phone number in the following format: ##### or ###-###-####	Enter a valid 10 digit phone number in either of the requested formats.
Invalid information entered. Enter phone number in the following format: ##### or ###-###-####	Enter a valid 10 digit phone number in either of the requested formats.
Invalid information entered. Enter up to 4 digits	Enter a numeric extension number up to 4 digits long.
This information is mandatory. TIN 9 digits will be entered in with no spaces or hyphens #####.	Enter a 9-digit numeric value with no formatting characters.
Invalid information entered. TIN 9 digits will be entered in with no spaces or hyphens #####.	Enter a 9-digit numeric value with no formatting characters.
Invalid information entered. Enter 10 digit License/Certification Number.	Enter a 10 digit value.
This information is mandatory. Enter License/Certification Number.	Enter a value in the License/Certification field.
One or more of the items in this page have not yet been completed. Please correct the item(s) and try again.	Correct the missing or invalid information. Then click the Next>> button to continue to the next screen.
One or more of the items in this form contains an invalid value. Click OK to continue printing.	Click OK to print the application or click Cancel to return to the application to make corrections.

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Online Provider Enrollment – Disclosure of Ownership and Control Information for Disclosing Entity - PES-S-0007

General Information

This screen allows the entry of disclosure and control information for the provider entity. This screen applies to all Application Groups EXCEPT 26 (ORP). The screen sample below is only for the Physician enrollment form (Application Group 2). Application Group specific information will be detailed in the Data Elements section.

Screen Name	Online Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Add, Update, Delete, Inquire

Screen Sample – PES-S-0007



Online Provider Enrollment

Application Links

- Welcome
- Provider Demographic
- Ownership
- Payment
- Home Community
- Participation Agreement
- Attachment Instructions

Instructions

Print

Entire Document

Current Page

SECTION II: DISCLOSURE OF OWNERSHIP AND CONTROL INFORMATION FOR DISCLOSING ENTITY, AUTHORIZED BY 42 C.F.R. §455.104. AND 42 C.F.R. §455.106.

17. Ownership and Control Information for Disclosing Entity: Does the provider entity have any managing employees and/or any individual(s) or organization(s) with ownership or controlling interests of 5% or more? ?
- ☐ No ☐ Yes *
18. Relationships: Are any individuals named in the previous question related to each other? (spouse, parent, child or sibling). ?
- ☐ No ☐ Yes
19. Subcontractors: Does any individual have ownership or controlling interest in any subcontractor that the disclosing entity has direct or indirect ownership of 5% or more? ?
- ☐ No ☐ Yes *
20. Other Disclosing Entity: Does any other disclosing entity in which a person, with an ownership or controlling interest in this disclosing entity, have ownership or control interest of at least 5% or more? ?
- ☐ No ☐ Yes *
21. Criminal Offenses of Persons with Ownership or Controlling Interest: Has any individual or organization listed previously who has any ownership or controlling interest in the applicant ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State healthcare program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct? ?
- ☐ No ☐ Yes *
22. Criminal Offenses of Any Other Connected Individuals or Organizations: Has any individual or contractor connected with your practice ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct? ?
- ☐ No ☐ Yes *
23. Adverse Legal Actions: Has the applicant ever had any adverse legal actions imposed by Medicare, Medicaid, or any other Federal or State agency or program, or any licensing or certification agency? ?
- ☐ No ☐ Yes *

<<Prev Next >> Save Close

Application Links

- [Welcome](#)
- [Provider Demographic](#)
- [Ownership](#)**
- [Payment](#)
- [Reassignment Of Benefits](#)
- [Participation Agreement](#)
- [Attachment Instructions](#)

Instructions

[Print](#)[Entire Document](#)[Current Page](#)**SECTION II: DISCLOSURE OF OWNERSHIP AND CONTROL INFORMATION FOR DISCLOSING ENTITY, AUTHORIZED BY 42 C.F.R. §455.104. AND 42 C.F.R. §455.106.**

17. Ownership and Control Information for Disclosing Entity: Does the provider entity have any managing employees and/or any individual(s) or organization(s) with ownership or controlling interests of 5% or more?

☐ No ☒ Yes * Please provide the requested information below.

First Name	Last/Organization Name *	Title	Date of Birth	SSN/TIN *	Ownership Type *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: Street *		City *	State *	Zip *	Percent *
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Select State		
Delete					

First Name	Last/Organization Name *	Title	Date of Birth	SSN/TIN *	Ownership Type *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: Street *		City *	State *	Zip *	Percent *
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Select State		
Delete					

[Add Row](#)

18. Relationships: Are any individuals named in the previous question related to each other? (spouse, parent, child or sibling).

☐ No ☒ Yes * Please provide the requested information below.

First Name *	Last Name *	Relationship *	First Name *	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delete				

[Add Row](#)

19. Subcontractors: Does any individual have ownership or controlling interest in any subcontractor that the disclosing entity has direct or indirect ownership of 5% or more?

☐ No ☒ Yes * Please provide the requested information below.

First Name	Last/Organization Name *	Title	Date of Birth	SSN/TIN *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: Street *		City *	State *	Zip *
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
			Select State	
Delete				

[Add Row](#)

20. Other Disclosing Entity: Does any other disclosing entity in which a person, with an ownership or controlling interest in this disclosing entity, have ownership or control interest of at least 5% or more?

☐ No ☒ Yes * Please provide the requested information below.

First Name	Last/Organization Name *	Title	Date of Birth	SSN/TIN *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: Street *		City *	State *	Zip *
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
			Select State	
Delete				

[Add Row](#)

21. Criminal Offenses of Persons with Ownership or Controlling Interest: Has any individual or organization listed previously who has any ownership or controlling interest in the applicant ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State healthcare program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct?

☐ No ☒ Yes * Please provide the requested information below.

First Name	Last/Organization Name *	Title	Date of Birth	SSN/TIN *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: Street *		City *	State *	Zip *
<input type="text"/>		<input type="text"/>	Select State	<input type="text"/>
<input type="button" value="Delete"/>				

Please attach a copy of the final disposition documentation on the Attachment Instructions page.

22. Criminal Offenses of Any Other Connected Individuals or Organizations: Has any individual or contractor connected with your practice ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct?

☐ No ☒ Yes * Please provide the requested information below.

First Name	Last/Organization Name *	Date of Birth	SSN/TIN *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: Street *		City *	Zip *
<input type="text"/>		<input type="text"/>	Select State
<input type="button" value="Delete"/>			

Please attach a copy of the final disposition documentation on the Attachment Instructions page.

23. Adverse Legal Actions: Has the applicant ever had any adverse legal actions imposed by Medicare, Medicaid, or any other Federal or State agency or program, or any licensing or certification agency?

☐ No ☒ Yes *

Please attach a copy of any relevant final disposition documentation on the Attachment Instructions page.

Data Elements

Data Element Name (ID)	Instructions
Disclosed Entity - First Name (Pde-0688)	The first name of the disclosed entity. This field is optional.
Disclosed Entity – Last/Org Name (Pde-0689)	The last name or organization name of the disclosed entity. This field is optional (or situationally required).
Disclosed Entity – Title (Pde-0690)	The title of the disclosed entity. This field is optional.
Disclosed Entity – Date of Birth (Pde-0691)	The date of birth of the disclosed entity, if the entity is an individual. Formats are MM/DD/YYYY, MM-DD-YYYY, or use the pop up calendar. This field is optional.

Disclosed Entity – SSN/TIN (Pde-0692)	The social security number or tax identification number of the disclosed entity. Format is #####. This field is optional (or situationally required).
Disclosed Entity – Entity Type (Pde-0693)	The type of ownership of the disclosed entity. This field is optional (or situationally required).
Disclosed Entity – Address (Pde-0694)	The street address of the disclosed entity. This field is optional (or situationally required).
Disclosed Entity – City (Pde-0695)	The city of the disclosed entity. This field is optional (or situationally required).
Disclosed Entity – State (Pde-0696)	The state of the disclosed entity. This field is optional (or situationally required).
Disclosed Entity – Zip (Pde-0697)	The zip code of the disclosed entity. Format is ##### or #####-####. This field is optional (or situationally required).
Disclosed Entity – Percent (Pde-0698)	The controlling interest percentage of the disclosed entity. This field is optional (or situationally required).
Relationship - First Name (Pde-0699)	The first name of any related individual listed in the controlling interest question. This field is optional (or situationally required).
Relationship – Last Name (Pde-0700)	The last name of any related individual listed in the controlling interest question. This field is optional (or situationally required).
Relationship – Type (Pde-0701)	The relationship type between the two related controlling interest parties. This field is optional (or situationally required).
Relationship To - First Name (Pde-0702)	The first name of the related to individual listed in the controlling interest question. This field is optional (or situationally required).
Relationship To – Last Name (Pde-0703)	The last name of the related to individual listed in the controlling interest question. This field is optional (or situationally required).
Subcontractor - First Name (Pde-0704)	The first name of the subcontractor. This field is optional.
Subcontractor	The last name or organization name of the subcontractor.

– Last/Org Name (Pde-0705)	This field is optional (or situationally required).
Subcontractor – Title (Pde-0706)	The title of the subcontractor. This field is optional.
Subcontractor – Date of Birth (Pde-0707)	The date of birth of the subcontractor, if the entity is an individual. Formats are MM/DD/YYYY, MM-DD-YYYY, or use the pop up calendar. This field is optional.
Subcontractor – SSN/TIN (Pde-0708)	The social security number or tax identification number of the subcontractor. Format is #####-####. This field is optional (or situationally required).
Subcontractor – Address (Pde-0709)	The street address of the subcontractor. This field is optional (or situationally required).
Subcontractor – City (Pde-0710)	The city of the subcontractor. This field is optional (or situationally required).
Subcontractor – State (Pde-0711)	The state of the subcontractor. This field is optional (or situationally required).
Subcontractor – Zip (Pde-0712)	The zip code of the subcontractor. Format is ##### or #####-####. This field is optional (or situationally required).
Subcontractor – Percent (Pde-0713)	The controlling interest percentage of the subcontractor. This field is optional (or situationally required).
Other Entity - First Name (Pde-0714)	The first name of the Other entity. This field is optional.
Other Entity – Last/Org Name (Pde-0715)	The last name or organization name of the Other entity. This field is optional (or situationally required).
Other Entity – Title (Pde-0716)	The title of the Other entity. This field is optional.
Other Entity – Date of Birth (Pde-0717)	The date of birth of the Other entity, if the entity is an individual. Formats are MM/DD/YYYY, MM-DD-YYYY, or use the pop up calendar. This field is optional.
Other Entity – SSN/TIN (Pde-0718)	The social security number or tax identification number of the Other entity. Format is #####-####. This field is optional (or situationally required).
Other Entity – Address (Pde-0719)	The street address of the Other entity. This field is optional (or situationally required).

Other Entity – City (Pde-0720)	The city of the Other entity. This field is optional (or situationally required).
Other Entity – State (Pde-0721)	The state of the Other entity. This field is optional (or situationally required).
Other Entity – Zip (Pde-0722)	The zip code of the Other entity. Format is ##### or #####-####. This field is optional (or situationally required).
Other Entity – Percent (Pde-0723)	The controlling interest percentage of the Other entity. This field is optional (or situationally required).
Criminal Offenses - First Name (Pde-0724)	The first name of the subcontractor. This field is optional.
Criminal Offenses – Last/Org Name (Pde-0725)	The last name or organization name of the criminal offender. This field is optional (or situationally required).
Criminal Offenses – Title (Pde-0726)	The title of the criminal offender. This field is optional.
Criminal Offenses – Date of Birth (Pde-0727)	The date of birth of the criminal offender, if the entity is an individual. Formats are MM/DD/YYYY, MM-DD-YYYY, or use the pop up calendar. This field is optional.
Criminal Offenses – SSN/TIN (Pde-0728)	The social security number or tax identification number of the criminal offender. Format is #####-####. This field is optional (or situationally required).
Criminal Offenses – Address (Pde-0729)	The street address of the criminal offender. This field is optional (or situationally required).
Criminal Offenses – City (Pde-0730)	The city of the criminal offender. This field is optional (or situationally required).
Criminal Offenses – State (Pde-0731)	The state of the criminal offender. This field is optional (or situationally required).
Criminal	The zip code of the criminal offender. Format is ##### or #####-####. This field is optional (or situationally required).

Offenses – Zip (Pde-0732)	
Assessed Fines - First Name (Pde-0733)	The first name of the entity having assessed fines. This field is optional.
Assessed Fines – Last/Org Name (Pde-0734)	The last name or organization name of the entity having assessed fines. This field is optional (or situationally required).
Assessed Fines – Date of Birth (Pde-0735)	The date of birth of the entity having assessed fines, if the entity is an individual. Formats are MM/DD/YYYY, MM-DD-YYYY, or use the pop up calendar. This field is optional.
Assessed Fines – SSN/TIN (Pde-0736)	The social security number or tax identification number of the entity having assessed fines. Format is #####. This field is optional (or situationally required).
Assessed Fines – Address (Pde-0737)	The street address of the entity having assessed fines. This field is optional (or situationally required).
Assessed Fines – City (Pde-0738)	The city of the entity having assessed fines. This field is optional (or situationally required).
Assessed Fines – State (Pde-0739)	The state of the entity having assessed fines. This field is optional (or situationally required).
Assessed Fines – Zip (Pde-0740)	The zip code of the entity having assessed fines. Format is ##### or #####-####. This field is optional (or situationally required).
Adverse Legal Action Ind (Pde-0741)	Indicates whether the provider entity has ever had any adverse legal actions imposed by Medicare, Medicaid or any other Federal or State agency or program, or any licensing or certification agency. This field is required.

Screen Navigation

Button	Action	Link
Delete	Deletes an instance of entered data. If there is only one instance of data, the data will be cleared out but the instance will not be deleted. The last instance can only be removed by changing your section selection from Yes to No.	N/A
Add Row	Adds an additional instance of data entry fields.	N/A
<< Prev	Returns to the previous page, which would be the Online Pro-	PES-S-0006

	vider Enrollment – Demographic Information screen.	
Next >>	Navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen	PES-S-0008
Save	This saves the application in it's current state and displays a message box with the message 'Your application has been saved successfully'.	PES-S-0007
Close	Closes the application and exits the current screen.	PES-S-0099
Welcome	If the data on the current page is clean, it navigates to the Online Provider Enrollment – Welcome screen.	PES-S-0005
Provider Demographic	If the data on the current page is clean, this link navigates to the first page of the Online Provider Enrollment – Provider Demographic Information screen.	PES-S-0006
Ownership	If the data on the current page is clean, this link navigates to the Online Provider Enrollment –Disclosure of Ownership and Control Information for Disclosing Entity screen, which is the current screen.	PES-S-0007
Payment	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen.	PES-S-0008
Home Community	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Home and Community Based Care Services Demographic screen. This link is only available for Application Groups 4, 12, and 14 – 19.	PES-S-0009
Reassignment of Benefits	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Reassignment of Benefits screen. This link is available only for Application Groups 2 and 8.	PES-S-0010
Participation Agreement	If the data on the current page is clean, this link navigates to the Online Provider Enrollment –Participation Agreement screen.	PES-S-0011
Attachment Instructions	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Uploading Documentation screen.	PES-S-0012
Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021
Print Entire Document	Allows the user to print the entire Enrollment Form for their records.	N/A
Print Current Page	Allows the user to print the current page of the Enrollment Form for their records.	N/A

Error Messages

Description	Resolution
-------------	------------

This information is mandatory.	Enter data into all yellow-highlighted text boxes. These required fields may also have a red asterisk beside them.
This information is mandatory. Enter SSN in the following format: #####	Enter a 9-digit numeric value.
Invalid information entered. Enter SSN in the following format: #####	Enter a 9-digit numeric value.
This information is mandatory. Please enter date in one of the following formats: MM/DD/YYYY, MM-DD-YYYY, or by using the pop up calendar.	Enter a date in one of the specified formats.
Invalid information entered. Please enter date in one of the following formats: MM/DD/YYYY, MM-DD-YYYY, or by using the pop up calendar.	Enter a date in one of the specified formats.
This information is mandatory. Please provide full street address.	Enter a street address.
This information is mandatory. Select the State	Select a state from the list box.
This information is mandatory. Enter the ZIP Code in either ##### or #####-#### format.	Enter the ZIP Code in either of the requested formats.
Invalid information entered. Enter the ZIP Code in either ##### or #####-#### format.	Enter the ZIP Code in either of the requested formats.
This information is mandatory. Ownership controlling interests not to exceed 100% in total.	Enter a number between 5 and 100. The sum of all entities cannot exceed 100.
Invalid information entered. Ownership controlling interests not to exceed 100% in total.	Enter a number between 5 and 100. The sum of all entities cannot exceed 100.
Percent value shouldn't be more than 100.	Enter a number between 5 and 100. The sum of all entities cannot exceed 100.
Percent value must be in between 5 and 100.	Enter a number between 5 and 100. The sum of all entities cannot exceed 100.
One or more of the items in this page have not yet been completed. Please correct the item(s) and try again.	Correct the missing or invalid information. Then click the Next >> button to continue to the next screen.
One or more of the items in this form contains an invalid value. Click OK to continue printing.	Click OK to print the application or click Cancel to return to the application to make corrections.

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page

- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Ownership link in the upper left corner of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Online Provider Enrollment – Claim Payment and Processing Information - PES-S-0008

General Information

This screen allows the entry of information on the provider's method of claim submission and receipt of payments.

This screen applies to all Application Groups EXCEPT 26 (ORP). The screen sample below is only for the Physician enrollment form (Application Group 2). Application Group specific information will be detailed in the Data Elements section.

Screen Name	Online Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Add, Update, Inquire

Screen Sample – PES-S-0008

The screenshot displays the 'Online Provider Enrollment' application for Virginia Medicaid. The top navigation bar includes links for Home, Claims, Member, Service Authorization, Payment History, EHR Incentive Program, Provider Maintenance, Provider Enrollment, RA Messages, and Level of Care Review. The 'Provider Enrollment' link is highlighted. The main content area is titled 'SECTION III: CLAIM PAYMENT AND PROCESSING INFORMATION'. It contains two sections: 23. Electronic Fund Transfer (EFT) and 24. Electronic Claims Submission. Section 23 has two radio button options: 'I will participate in EFT of payments directly deposited into my financial account.' (selected) and 'I am filing for an exemption from participation in EFT for good cause.' Below the first option, there is a prompt 'Please complete the following' and three text input fields for 'Financial Institution:', 'Routing or ABA Number:', and 'Account Number:'. Section 24 has two checkbox options: 'I will submit claims through EDI or DDE as part of my enrollment with Virginia Medicaid and FAMIS.' and 'I am requesting an exemption from filing my claim(s) electronically at this time for the following reasons:'. The left sidebar shows 'Application Links' with 'Payment' selected, and 'Instructions' with 'Print', 'Entire Document', and 'Current Page' options. At the bottom right, there are buttons for '<<Prev', 'Next >>', 'Save', and 'Close'.

Virginia Medicaid

Test Environment |

Home Claims Member Service Authorization Payment History EHR Incentive Program Provider Maintenance Provider Enrollment RA Messages Level of Care Review

Online Provider Enrollment

Application Links

- Welcome
- Provider Demographic
- Ownership
- Payment
- Home Community
- Participation Agreement
- Attachment Instructions

Instructions

Print

Entire Document

Current Page

SECTION III: CLAIM PAYMENT AND PROCESSING INFORMATION

23. Electronic Fund Transfer (EFT)

☒ I will participate in EFT of payments directly deposited into my financial account.

☐ I am filing for an exemption from participation in EFT for good cause.

Please complete the following

Financial Institution: *

Routing or ABA Number: *

Account Number: *

24. Electronic Claims Submission

☐ I will submit claims through EDI or DDE as part of my enrollment with Virginia Medicaid and FAMIS.

☐ I am requesting an exemption from filing my claim(s) electronically at this time for the following reasons:

<<Prev Next >> Save Close



Online Provider Enrollment

Application Links

- Welcome
- Provider Demographic
- Ownership
- Payment**
- Reassignment Of Benefits
- Participation Agreement
- Attachment Instructions

Instructions

Print

[Entire Document](#)

[Current Page](#)

SECTION III: CLAIM PAYMENT AND PROCESSING INFORMATION

24. Electronic Fund Transfer (EFT) * ⓘ

☐ I will participate in EFT of payments directly deposited into my financial account.

☒ I am filing for an exemption from participation in EFT for good cause.

Please check the appropriate response below to be considered for an exemption.

☒ I am attaching a letter from my financial institution stating the inability of the institution to transact business using EFT.

☐ I am attaching a letter describing my good cause for exemption.

Please submit supporting documentation on the Attachment Instruction page.

25. Electronic Claims Submission (Optional for Individuals Who Practice with a Group or required for Solo Practitioners) * ⓘ

☐ I will submit claims through EDI or DDE as part of my enrollment with Virginia Medicaid and FAMIS.

☒ I am requesting an exemption from filing my claim(s) electronically at this time for the following reasons:

☐ Unavailability of the infrastructure necessary to support electronic claims submission in my geographic region.

☐ No mechanism for electronic submission for the particular claim types I bill Virginia Medicaid.

☐ Financial Hardship

☒ Other

To be considered for an exemption, attach supporting documentation on the Attachment Instruction page.

<<Prev Next >> Save Close

Data Elements

Data Element Name (ID)	Instructions
EFT - Banking Institution (PDE-0546)	The banking institution that will be used for EFT claims payments This field is optional (or situationally required).
EFT - Routing Number (PDE-0547)	The routing number associated with the banking institution that will be used for EFT claims payments. This field is optional (or situationally required).
EFT - Account Number (PDE-0548)	The account number associated with the banking institution that will be used for EFT claims payments. This field is optional (or situationally required).
EFT Exemption Ind (PDE-0549)	Indicates why the provider is filing for an exception from participation in EFT. This field is optional (or situationally required).
Electronic Claims Submission Ind (PDE-0550)	Indicates whether the provider agrees to submit claims through EDI or DDE as part of the enrollment with Medicaid and FAMIS. This field is required.
Electronic Claims Excpt Reason (PDE-0555)	Indicates why the provider is filing for an exemption from submitting their claims electronically. This field is optional (or situationally required).
Electronic Claims	Indicates why the provider is filing for an exemption from submitting their

Excpt Reason - Other (PDE-0556)	claims electronically, if other than any listed. This field is optional (or situationally required).
Remarks (PDE-0563)	Any additional comments the provider would like to enter. This field is optional and only applicable to Application Groups 1, 3, 20.

Remarks: Please limit to 500 characters.

Screen Navigation

Button	Action	Link
<< Prev	Returns to the previous page, which would be the Online Provider Enrollment – Disclosure of Ownership and Control Information for Disclosing Entity screen.	PES-S-0007
Next >>	For most application groups, this navigates to the Online Provider Enrollment – Participation Agreement screen. Application Groups 2 and 8 navigate to the Online Provider Enrollment – Reassignment of Benefits (ROB) screen. Application groups 4, 12, and 14 – 19 navigate to the Online Provider Enrollment - Home and Community based Care Services Demographics screen.	PES-S-0011 or PES-S-0010 or PES-S-0009
Save	This saves the application in it's current state and displays a message box with the message 'Your application has been saved successfully'.	PES-S-0008
Close	Closes the application and exits the current screen.	PES-S-0099
Welcome	If the data on the current page is clean, it navigates to the Online Provider Enrollment – Welcome screen.	PES-S-0005
Provider Demographic	If the data on the current page is clean, this link navigates to the first page of the Online Provider Enrollment – Provider Demographic Information screen.	PES-S-0006
Ownership	If the data on the current page is clean, this link navigates to the Online Provider Enrollment –Disclosure of Ownership and Control Information for Disclosing Entity screen.	PES-S-0007
Payment	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen, which is the current screen.	PES-S-0008
Home Community	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Home and Community Based Care Services Demographic screen. This link is only available for Application Groups 4, 12, and 14 – 19.	PES-S-0009

Reassignment of Benefits	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Reassignment of Benefits screen. This link is available only for Application Groups 2 and 8.	PES-S-0010
Participation Agreement	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Participation Agreement screen.	PES-S-0011
Attachment Instructions	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Uploading Documentation screen.	PES-S-0012
Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021
Print Entire Document	Allows the user to print the entire Enrollment Form for their records.	N/A
Print Current Page	Allows the user to print the current page of the Enrollment Form for their records.	N/A

Error Messages

Description	Resolution
This information is mandatory.	Enter data into all yellow-highlighted text boxes. These required fields may also have a red asterisk beside them.
Invalid information entered. The routing number is 9-digit and must begin with numbers that fall in the ranges of 01-12, 21-32 or 61-72. Deposit slips do not have the valid routing number.	Enter a 9-digit numeric number that begins with numbers that fall in the ranges of 01-12, 21-32, or 61-72.
One or more of the items in this page have not yet been completed. Please correct the item(s) and try again.	Correct the missing or invalid information. Then click the Next >> button to continue to the next screen.
One or more of the items in this form contains an invalid value. Click OK to continue printing.	Click OK to print the application or click Cancel to return to the application to make corrections.

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID.
This screen is visible only to internal users.

- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Payment link in the upper left corner of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Online Provider Enrollment – Home and Community Based Care Services Demographic - PES-S-0009

General Information

This screen allows the entry of demographic for Home and Community Based Care Services providers.

This screen applies to Application Groups 4, 12, and 14 through 19. The screen sample below is only for the Adult Day Health Care enrollment form (Application Group 4). Application Group specific information will be detailed in the Data Elements section.

Screen Name	Online Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Add, Update, Delete, Inquire

Screen Sample – PES-S-0009

Application Links

- 1 Welcome
- 2 Provider Demographic
- 3 Ownership
- 4 Payment
- 5 Home Community
- 6 Participation Agreement
- 7 Attachment Instructions

Instructions

Print

[Entire Document](#)
[Current Page](#)

SECTION IV: HOME AND COMMUNITY BASED CARE SERVICES DEMOGRAPHICS

In accordance with federal requirements, all providers of Home and Community Based Care services must disclose the following information to DMAS.

26. Additional Provider Types Enrolled *

Organization is currently a Virginia Medicaid enrolled provider ☐ Yes ☐ No

27. Administrator Name *

Last

First

28. Administrative Personnel (Fill in all that apply) *

Person Responsible for signing contract (Required)

Last *

First *

Title

Office Phone *

Name of person you report to

Last *

First *

This person is responsible for general management of requested Medicaid program(s) * ☐ No ☐ Yes

Name of Chief Administrator On-site

Last

First

Title

Office Phone

Name of person you report to

Last

First

This person is responsible for general management of requested Medicaid program(s) ☐ No ☐ Yes

Name of Other On-site contact person:

Last

First

Title

Office Phone

Name of person you report to

Last

First

This person is responsible for general management of requested Medicaid program(s) ☐ No ☐ Yes

Name of Chief Corporate Officer:

Last

First

Title

Office Phone

Name of Other Corporate Person:

Last

First

Title

Office Phone

[<<Prev](#) [Next>>](#) [Save](#) [Close](#)

Online Provider Enrollment

Application Links

Welcome
Provider Demographic
Ownership
Payment
Home Community
Participation Agreement
Attachment Instructions

Instructions

Print
Entire Document
Current Page

29. Geographic Areas to be Served (Must have at least one) ⓘ *

Delete Add

30. Ownership Name and Percentage (Must Equal 100 percent) ⓘ *

First Name*

Last Name*

Percent (must equal 100) *

Delete

Address:*

Street

City

State

Zip

Select State ▾

Add Row

31. Criminal Offense Disclosure ⓘ *

Has anyone associated with your organization (owner, operators, managers or employees) been convicted of a criminal offense?

☐ No
 ☐ Yes

<<Prev

Next >>

Save

Close

Online Provider Enrollment

Application Links

Welcome
Provider Demographic
Ownership
Payment
Home Community
Participation Agreement
Attachment Instructions

Instructions

Print
Entire Document
Current Page

32. Staffing Credentials ⓘ *

Name *

Delete

License

☐ No ☐ Yes

License #

☐ Full Time ☐ Part Time

Degree

☐ No ☐ Yes

If Yes, Degree Type

Amount/Type of Clinical Experience

Add Row

33. Compliance with Federal Regulations Regarding Rates for Services ⓘ *

☐ Yes

I certify as authorized administrator that the chief administrative agent of the organization understands that in order to comply with federal regulations, it will not charge DMAS a higher rate for Home and Community Based Care Services than is charged the private sector for the same services.

34. Insolvency or Bankruptcy Verification ⓘ *

☐ Yes

I certify as authorized administrator that there is neither a judgment or pending action of insolvency or bankruptcy in a state or federal court and that the provider of services agrees to inform DMAS immediately if court proceedings to make a judgment of insolvency or bankruptcy are instituted with respect to the provider of services.

35. Validation of Program Description and Accurate Completion of Enrollment Application ⓘ *

☐ Yes

I certify as authorized administrator that the Chief Administrative Agent and professional staff have received and reviewed the program description materials of the Home and Community Based Care Services, and that all information within this application is accurate, truthful, and complete.

36. Remarks: Please limit to 500 characters. ⓘ

<<Prev

Next >>

Save

Close


Data Elements

Data Element Name (ID)	Instructions
Currently Enrolled Ind (PDE-0583)	Indicates whether the organization is currently a Virginia Medicaid enrolled provider. This field is required.
Provider ID (NPI/API) (Pde-0610)	The NPI or API of the additional provider type. This field is optional (or situationally required).
Administrator Last Name (PDE-0916)	The last name of the administrator for the organization. This field is required.
Administrator First Name (PDE-0917)	The first name of the administrator for the organization. This field is required.
Responsible Contract Signing – Last Name (PDE-0584)	The last name of the person responsible for signing the contract. This field is required.
Responsible Contract Signing – First Name (PDE-0585)	The first name of the person responsible for signing the contract. This field is required.
Responsible Contract Signing – Title (PDE-0922)	The title of the person responsible for signing the contract. This field is required.
Responsible Contract Signing – Office Phone (PDE-0587)	The office phone of the person responsible for signing the contract. This field is required.
Responsible Contract Signing – Report To Last Name (PDE-0589)	The last name of the person that the responsible for signing the contract reports to. This field is required.
Responsible Contract Signing – Report To First Name (PDE-0588)	The first name of the person that the responsible for signing the contract reports to. This field is required.
Responsible Contract Signing - Mgmt of Medicaid Programs Ind (PDE-0590)	Indicates if the person responsible for signing the contract is responsible for general management of the requested Medicaid program(s). This field is required.
Chief Admin – Last Name	The last name of the chief administrator on site. This field is optional.

(PDE-0591)	
Chief Admin – First Name (PDE-0592)	The first name of the chief administrator on site. This field is optional.
Chief Admin – Title (PDE-0593)	The title of the chief administrator on site. This field is optional.
Chief Admin – Office Phone (PDE-0594)	The office phone of the chief administrator on site. This field is optional.
Chief Admin – Report To Last Name (PDE-0595)	The last name of the person that the chief administrator on site reports to. This field is optional.
Chief Admin – Report To First Name (PDE-0596)	The first name of the person that the chief administrator on site reports to. This field is optional.
Chief Admin - Mgmt of Medicaid Programs Ind (PDE-0962)	Indicates if the chief administrator on site is responsible for general management of the requested Medicaid program(s). This field is optional.
Onsite Contact – Last Name (PDE-0597)	The last name of the other onsite contact. This field is optional.
Onsite Contact – First Name (PDE-0598)	The first name of the other onsite contact. This field is optional.
Onsite Contact – Title (PDE-0599)	The title of the other onsite contact. This field is optional.
Onsite Contact – Office Phone (PDE-0923)	The office phone of the other onsite contact. This field is optional.
Onsite Contact – Report To Last Name (PDE-0924)	The last name of the other onsite contact. This field is optional.
Onsite Contact – Report To First Name (PDE-0925)	The first name of the other onsite contact. This field is optional.
Onsite Contact - Mgmt of Medicaid Programs Ind (PDE-0980)	Indicates if the other onsite contact is responsible for general management of the requested Medicaid program(s). This field is optional.
Chief Corp Officer – Last Name (PDE-0926)	The last name of the chief corporate officer for the contract. This field is optional.
Chief Corp Officer – First Name (PDE-0927)	The first name of the chief corporate officer for the contract. This field is optional.

Chief Corp Officer – Title (PDE-0928)	The title of the chief corporate officer for the contract. This field is optional.
Chief Corp Officer – Office Phone (PDE-0929)	The office phone of the chief corporate officer for the contract. This field is optional.
Other Corp Person – Last Name (PDE-0930)	The last name of the other corporate person for the contract. This field is optional.
Other Corp Person – First Name (PDE-0931)	The first name of the other corporate person for the contract. This field is optional.
Other Corp Person – Title (PDE-0932)	The title of the other corporate person for the contract. This field is optional.
Other Corp Person – Office Phone (PDE-0933)	The office phone of the other corporate person for the contract. This field is optional.
Geographic Area Served (PDE-0934)	The geographic areas served by the provider. This field is required.
Ownership – First Name (PDE-0935)	The first name of the individual who has an ownership interest. This field is required.
Ownership – Last Name (PDE-0936)	The last name of the individual who has an ownership interest. This field is required.
Ownership – Percent (PDE-0937)	The percentage of ownership the individual has in the provider. This field is required.
Ownership – Address (PDE-0938)	The street address of the individual who has an ownership interest. This field is required.
Ownership – City (PDE-0939)	The city of the individual who has an ownership interest. This field is required.
Ownership – State (PDE-0940)	The state of the individual who has an ownership interest. This field is required.
Ownership – Zip (PDE-0941)	The zip code of the individual who has an ownership interest. This field is required.
Criminal Offense Disclosure Ind (PDE-0534)	Indicates whether any individual or organization who has any ownership or controlling interest has ever been convicted or assessed fines or penalties for any health related crimes or misconduct. This field is required.
Staff Credentials – Name (PDE-0967)	Name of the staff member. Only applicable to Application Groups 12, 14, 16, and 18. This field is required.
Staff Credentials – Last Name	Last name of the staff member. Only applicable to Application Groups 4, 15, 17, and 19.

ience (PDE-0952)	staff member. Only applicable to Application Groups 4, 12, 14, 16, and 18. This field is optional.
Staff Credentials – Licensed Through (PDE-0974)	The organization that the staff member is licensed through. Only applicable to Application Group 18. This field is optional.
Staff Credentials – License Begin Date (PDE-0972)	The begin date of the license for the staff member. Only applicable to Application Group 18. This field is optional.
Staff Credentials – License End Date (PDE-0973)	The end date of the license for the staff member. Only applicable to Application Group 18. This field is optional.
Staff Credentials - Profession (PDE-0968)	The profession of the staff member. Only applicable to Application Group 18. This field is optional.

Staffing Credentials 

Name * [Delete](#)

Title Profession ☐ Full Time ☐ Part Time

Phone Reports to

Licensed through

License # Begin Date End Date

Clinical Experience (amount and brief description)

[Add Row](#)

Staff Credentials – Responsible Person Qualifications (PDE-0964)	Qualifications of the person responsible for validating the staff qualifications and instructions. Only applicable to Application Group 19. This field is optional.
Staff Credentials - Family Care-giver Training Qual Ind (PDE-0966)	Type of qualifications of the staff member. Only applicable to Application Group 19. This field is optional.

Qualifications

Choose the qualification(s) for the Family and Caregiver Training professional staff

<input type="checkbox"/> Community Developmental Disabilities Providers	<input type="checkbox"/> Community Mental Health Centers
<input type="checkbox"/> Developmental Disabilities Residential Providers	<input type="checkbox"/> Health Department Clinics (Public Health Agency)
<input type="checkbox"/> Home Health Agencies	<input type="checkbox"/> Hospitals
<input type="checkbox"/> In-Home Rehabilitation Agencies	<input type="checkbox"/> Licensed Clinical Social Workers
<input type="checkbox"/> Licensed Nurse Practitioner	<input type="checkbox"/> Licensed Practical Nurse
<input type="checkbox"/> Licensed Professional Counselors	<input type="checkbox"/> Nurse Aide
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Physician	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Speech/Language Pathologist
<input type="checkbox"/> Teacher	

Higher Rate	Indicates that the administrator will not charge DMAS a higher rate for Home
-------------	--

Ind (PDE-0953)	and Community Based Care Services than is charged the private sector for the same service. This field is required.
Insolvency Ind (PDE-0954)	Certification that there is neither a judgment or pending action of insolvency or bankruptcy with respect to the provider of services. This field is required.
Program Review Con- firmation (PDE-0955)	Indicates that the Home and Community Based Care Services program description materials have been received and reviewed. This field is required.
Remarks (PDE-0563)	General comments related to Home and Community Based Care Services. This field is optional.

Screen Navigation

Button	Action	Link
Delete	Deletes an instance of entered data. If there is only one instance of data, the data will be cleared out but the instance will not be deleted. There must be at least one instance.	N/A
Add Row	Adds an additional instance of data entry fields.	N/A
<< Prev	Returns to the previous page, which is either the previous page of this section or the Online Provider Enrollment – Claim Payment and Processing Information screen.	PES-S-0009 or PES-S-0008
Next >>	This navigates to the next screen, which is either the next page of this section or the Online Provider Enrollment – Participation Agreement screen.	PES-S-0009 or PES-S-0011
Save	This saves the application in it's current state and displays a message box with the message 'Your application has been saved successfully'.	PES-S-0009
Close	Closes the application and exits the current screen.	PES-S-0099
Welcome	If the data on the current page is clean, it navigates to the Online Provider Enrollment – Welcome screen.	PES-S-0005
Provider Demographic	If the data on the current page is clean, this link navigates to the first page of the Online Provider Enrollment – Provider Demographic Information screen.	PES-S-0006
Ownership	If the data on the current page is clean, this link navigates to the Online Provider Enrollment –Disclosure of Ownership and Control Information for Disclosing Entity screen.	PES-S-0007
Payment	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen.	PES-S-0008
Home Com- munity	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Home and Community Based Care Services Demographic screen, which is the current screen.	PES-S-0009

	This link is only available for Application Groups 4, 12, and 14 – 19.	
Participation Agreement	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Participation Agreement screen.	PES-S-0011
Attachment Instructions	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Uploading Documentation screen.	PES-S-0012
Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021
Print Entire Document	Allows the user to print the entire Enrollment Form for their records.	N/A
Print Current Page	Allows the user to print the current page of the Enrollment Form for their records.	N/A

Error Messages

Description	Resolution
This information is mandatory.	Enter data into all yellow-highlighted text boxes. These required fields may also have a red asterisk beside them.
This information is mandatory. Enter 10 digit NPI in the following format: #####.	Enter a valid 10 digit NPI.
Invalid information entered. Enter 10 digit NPI in the following format: #####.	Enter a valid 10 digit NPI.
This information is mandatory. Enter phone number in the following format: ##### or ###-###-####	Enter a valid 10 digit phone number in either of the requested formats.
Invalid information entered. Enter phone number in the following format: ##### or ###-###-####	Enter a valid 10 digit phone number in either of the requested formats.
Invalid information entered.	Enter a valid 10 digit phone number. Format ##### or ###-###-####.
This information is mandatory. Please provider full street address.	Enter the full street address.
This information is mandatory. Select the State	Select a state from the list box.
This information is mandatory. Enter the ZIP Code in either ##### or #####-#### format.	Enter the ZIP Code in either of the requested formats.
Invalid information entered.	Enter the ZIP Code in either of the requested formats.

Enter the ZIP Code in either ##### or #####-#### format.	
Total Percentage value must be equal to 100.	The sum of all entities must equal 100.
One or more of the items in this page have not yet been completed correctly. Please correct the item(s) and try again.	Correct the missing or invalid information. Then click the Next >> button to continue to the next screen.
One or more of the items in this form contains an invalid value. Click OK to continue printing.	Click OK to print the application or click Cancel to return to the application to make corrections.

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Home Community link in the upper left corner of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Online Provider Enrollment – Reassignment of Benefits (ROB) - PES-S-0010

General Information

This screen is required, and only visible, for individuals who bill and accept payments through a group practice, which would be Application Groups 2 and 8.

Screen Name	Online Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Add, Update, Delete, Inquire

Screen Sample – PES-S-0010



Test 1

Online Provider Enrollment

Application Links

- Welcome
- Provider Demographic
- Ownership
- Payment
- Reassignment Of Benefits**
- Participation Agreement
- Attachment Instructions

Instructions

Print

[Entire Document](#)

[Current Page](#)

SECTION IV: REASSIGNMENT OF BENEFITS (ROB)

The completion of this section is required for individuals who bill and accept payments through a group practice.

26. Reassignment of Benefits (ROB)

Group Practice Legal Business Name: [Delete](#)

Group Practice Taxpayer Identification Number:

Group Practice National Provider Identifier:

☐ Yes I certify that the authorized administrator listed for this group has validated the information above for this group that it is true, accurate, and complete to the best of the applying provider's knowledge, and that the business entity (employer, group, or health care delivery system) requesting to receive payment is legally eligible to receive reassigned benefits per all applicable federal and state laws.

Group Authorized Administrator

☐ Yes I certify that this Reassignment of Benefits Statement authorizes the business entity identified above to receive Virginia Medicaid payments on my behalf.

Individual Provider Name Date

[Add Row](#)

27. Remarks: Please limit to 500 characters.

[<<Prev](#) [Next >>](#) [Save](#) [Close](#)

Data Elements

Data Element Name (ID)	Instructions
Group Name (Pde-0616)	Indicates whether the applying provider intends to participate in the electronic funds transfer (EFT) of payments directly deposited into their account. This field is optional.
Group Tax ID (PDE-0557)	The taxpayer identification number for the group practice. Format is #####. This field is optional (or situationally required).
Provider Group ID (Pde-0615)	A unique provider identification number (NPI) assigned to a group. Format is #####. This field is optional (or situationally required).
Auth Admin Ind (PDE-0559)	Indicates that the authorized administrator have validated to the accuracy of the group practice information submitted. This field is optional (or situationally required).
Auth Admin Name (PDE-0560)	This is the name of the authorized administrator validating the accuracy of the group practice information submitted. This field is optional (or situationally required).
ROB Certification Ind (PDE-0558)	Indicates that the user certifies that the reassignment of benefits statement authorized the business entity to receive payment. This field is optional (or situationally required).
Provider Name (Pde-0613)	Combination of Provider's First Name, Middle Initial, Last Name, Suffix, and Title. Or this could be the facility or organization name. This field is optional (or situationally required).
ROB Certification Date (PDE-0963)	This is the date that the user certifies that the reassignment of benefits statement authorized the business entity to receive payment. This field is optional (or situationally required).
Remarks (PDE-0563)	This field is for any additional information that the provider would like to furnish with the application. This field is optional.

Screen Navigation

Button	Action	Link
Delete	Deletes an instance of entered data. If there is only one instance of data, the data will be cleared out but the instance will not be deleted. The last instance can only be removed by changing your section selection from Yes to No.	N/A
Add Row	Adds an additional instance of data entry fields.	N/A
<< Prev	Returns to the previous page, which would be the Online Provider Enrollment – Claim Payment and Processing Information screen.	PES-S-0008

Next >>	For most application groups, this navigates to the Online Provider Enrollment – Participation Agreement screen.	PES-S-0011
Save	This saves the application in it's current state and displays a message box with the message 'Your application has been saved successfully'.	PES-S-0010
Close	Closes the application and exits the current screen.	PES-S-0099
Welcome	If the data on the current page is clean, it navigates to the Online Provider Enrollment – Welcome screen.	PES-S-0005
Provider Demographic	If the data on the current page is clean, this link navigates to the first page of the Online Provider Enrollment – Provider Demographic Information screen.	PES-S-0006
Ownership	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Disclosure of Ownership and Control Information for Disclosing Entity screen.	PES-S-0007
Payment	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen.	PES-S-0008
Reassignment of Benefits	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Reassignment of Benefits screen, which is the current screen. This link is available only for Application Groups 2 and 8.	PES-S-0010
Participation Agreement	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Participation Agreement screen.	PES-S-0011
Attachment Instructions	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Uploading Documentation screen.	PES-S-0012
Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021
Print Entire Document	Allows the user to print the entire Enrollment Form for their records.	N/A
Print Current Page	Allows the user to print the current page of the Enrollment Form for their records.	N/A

Error Messages

Description	Resolution
This information is mandatory. TIN 9 digits will be entered in with no spaces or hyphens #####.	Enter a valid 9-digit number number.
This information is mandatory. Enter NPI in the following format:	Enter a valid 10-digit number number.

#####.	
Invalid information entered. Enter NPI in the following format: #####.	Enter a valid 10-digit number number.
This information is mandatory. Enter First name, Middle Initial and Last Name.	Enter the full name name of the authorized administrator.
Invalid information entered.	Enter valid information for the field.
This information is mandatory.	Enter data into all yellow-highlighted text boxes. These required fields may also have a red asterisk beside them.
One or more of the items in this page have not yet been completed. Please correct the item(s) and try again.	Correct the missing or invalid information. Then click the Next >> button to continue to the next screen.
One or more of the items in this form contains an invalid value. Click OK to continue printing.	Click OK to print the application or click Cancel to return to the application to make corrections.

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Reassignment of Benefits link in the upper left corner of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Online Provider Enrollment – Participation Agreement - PES-S-0011

General Information

This screen displays the participation agreement for the provider and requires them to attest that all information is correct, accurate, and true.

This screen applies to all Application Groups. The screen sample below is only for the Physician enrollment form (Application Group 2). Application Group specific information will be detailed in the Data Elements section.

Screen Name	Online Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire, Update, Inquire

Screen Sample – PES-S-0011

Application Links

- [1 Welcome](#)
- [2 Provider Demographic](#)
- [3 Ownership](#)
- [4 Payment](#)
- [5 Reassignment Of Benefits](#)
- [6 Participation Agreement](#)**
- [7 Attachment Instructions](#)

Instructions

[Print](#)[Entire Document](#)[Current Page](#)

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services
Medical Assistance Program

Physician Participation Agreement

This is to certify:

Provider Name a bNPI 1962484931On this 20 day of September, 2013 agrees to participate in the Virginia

Medical Assistance Program (VMAP), the Department of Medical Assistance Services, and the legally designated State Agency for the administration of Medicaid.

1. The provider is authorized to practice under the laws of the state in which he is licensed and is not as a matter of state or federal law disqualified from participating in the Program.
2. Services will be provided without regard to age, sex, race, color, religion, national origin, or type of illness or condition. No handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in (Section 504 of the Rehabilitation Act of 1973 29 USC 794) VMAP.
3. The provider agrees to keep such records as VMAP determines necessary. The provider will furnish VMAP on request information regarding payments claimed for providing services under the State Plan. Access to records and facilities by authorized VMAP representatives and the Attorney General of Virginia or his authorized representatives, and federal personnel will be permitted upon reasonable request.
4. The provider agrees that charges submitted for services rendered will be based on the usual, customary, and reasonable concept and agrees that all requests for payment will comply in all respects with the policies of VMAP for the submission of claims.
5. Payment made by VMAP constitutes full payment except for patient pay amounts determined by VMAP, and the provider agrees not to submit additional charges to the recipient for services covered under VMAP. The collection or receipt of any money, gift, donation or other consideration from or on behalf of a medical assistance recipient for any service provided under medical assistance is expressly prohibited.
6. The provider agrees to pursue all other available third party payment sources prior to submitting a claim to VMAP.
7. Payment by VMAP at its established rates for the services involved shall constitute full payment for the services rendered. Should an audit by authorized state or federal officials result in disallowance of amounts previously paid to the provider by VMAP, the provider will reimburse VMAP upon demand.
8. The provider agrees to comply with all applicable state and federal laws, as well as administrative policies and procedures of VMAP as from time to time amended. The provider agrees to comply with the regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the protection of confidentiality and integrity of VMAP information.
9. The provider agrees to comply with 42 CFR §455.105. Disclosure by providers: Information related to business transactions within 35 days of request.
10. Except as otherwise provided by applicable state or federal law, this agreement may be terminated at will on thirty days' written notice by either party. This agreement may be terminated by DMAS if DMAS determines that the provider poses a threat to the health, safety or welfare of any individual enrolled in any program administered by the Department.
11. Except as otherwise provided by applicable state or federal law, all disputes regarding provider reimbursement and/or termination of this agreement by VMAP for any reason shall be resolved through administrative proceedings conducted at the office of VMAP in Richmond, Virginia. These administrative proceedings and judicial review of such administrative proceedings shall be pursuant to the Virginia Administrative Process Act.
12. The provider agrees that DMAS may disclose the provider's NPI in directories and listings for dissemination to other health industry entities for purposes of using the NPIs for all purposes directly related to the administration of the State Plan for Medical Insurance.
13. This agreement shall commence upon the approval date of your enrollment application. Your effective date of participation is listed on your approval letter which is sent to your correspondence address upon approval of your application. The provider shall retain a copy of this approval letter as part of the Participation Agreement. Your continued participation in the Virginia Medicaid Program is contingent upon the timely renewal of your license. Failure to renew your license through your licensing authority shall result in the termination of your Medicaid Participation Agreement.

☐ * By checking this box and entering your name below you attest that all information you have provided is correct, accurate, and true. You also attest that you have read and agree to the terms of the Participation Agreement.

Signature of Provider *

[<<Prev](#) [Next>>](#) [Save](#) [Close](#)

[Print Participation Agreement](#)

Data Element Name (ID)	Instructions
Provider Type Description (Pde-0623)	This is the description of the provider type for the form that was entered. Display only.
Provider Name (Pde-0613)	Combination of Provider's First Name, Middle Initial, Last Name, Suffix, and Title. Or this could be the facility or organization name. Display only.
Provider ID (NPI/API) (Pde-0610)	The provider's NPI or API. Display only.
Agreement Date (PDE-0564)	Combination of the day, month, and year of the participation agreement signature date. Display only.
Attestation Ind (Pde-0742)	Indication of whether or not the provider/submitter attests that all information about to be submitted is true and accurate. This field is required.
Electronic Signature (Pde-0743)	The name of the provider/submitter entering and submitting disclosure and revalidation modifications. This field is required.

Screen Navigation

Button	Action	Link
<< Prev	For most Application Groups, this navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen. Application Groups 4, 12, and 14 – 19 navigate to the Online Provider Enrollment - Home and Community based Care Services Demographics screen. Application Groups 2 and 8 navigate to the Online Provider Enrollment – Reassignment of Benefits (ROB) screen. Application Groups 26 navigates to the Online Provider Enrollment – Provider Demographic Information screen.	PES-S-0008 or PES-S-0009 or PES-S-0010 or PES-S-0006
Next >>	For most application groups, this navigates to the Online Provider Enrollment – Uploading Documentation screen. For Application Groups 10 and 22, it navigates to the Online Provider Enrollment – Attestation Letter screen.	PES-S-0012 or PES-S-0014
Save	This saves the application in it's current state and displays a message box with the message 'Your application has been saved successfully'.	PES-S-0011
Close	Closes the application and exits the current screen.	PES-S-0099
Print Participation Agreement	This displays the participation agreement in a PDF format for the user to print.	N/A

Welcome	If the data on the current page is clean, it navigates to the Online Provider Enrollment – Welcome screen.	PES-S-0005
Provider Demographic	If the data on the current page is clean, this link navigates to the first page of the Online Provider Enrollment – Provider Demographic Information screen.	PES-S-0006
Ownership	If the data on the current page is clean, this link navigates to the Online Provider Enrollment –Disclosure of Ownership and Control Information for Disclosing Entity screen.	PES-S-0007
Payment	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen.	PES-S-0008
Home Community	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Home and Community Based Care Services Demographic screen. This link is only available for Application Groups 4, 12, and 14 – 19.	PES-S-0009
Reassignment of Benefits	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Reassignment of Benefits screen. This link is available only for Application Groups 2 and 8.	PES-S-0010
Participation Agreement	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Participation Agreement screen, which is the current screen.	PES-S-0011
Attachment Instructions	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Uploading Documentation screen.	PES-S-0012
Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021
Print Entire Document	Allows the user to print the entire Enrollment Form for their records.	N/A
Print Current Page	Allows the user to print the current page of the Enrollment Form for their records.	N/A

Error Messages

Description	Resolution
This information is mandatory. Your electronic signature, legal name as authorized person for this participant entity, is agreement to all terms of the Participant Agreement.	Enter the legal name of the authorized person in the Signature of Provider field.
This information is mandatory. Attestation of the legal entity of this agreement.	Check the checkbox.

One or more of the items in this page have not yet been completed correctly. Please correct the item(s) and try again.	Correct the missing or invalid information. Then click the Next >> button to continue to the next screen.
One or more of the items in this form contains an invalid value. Click OK to continue printing.	Click OK to print the application or click Cancel to return to the application to make corrections.

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Participation Agreement link in the upper left corner of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Online Provider Enrollment – Uploading Documentation - PES-S-0012

General Information

This screen allows the user to upload any documentation that was indicated as required during the process of entering the application data.

This screen applies to all Application Groups. The attachments required will vary depending on the information entered on the application.

Screen Name	Online Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Add, Update, Delete, Inquire

Screen Sample – PES-S-0012

Online Provider Enrollment

Application Links

Welcome

Provider Demographic

Ownership

Payment

Reassignment Of Benefits

Participation Agreement

Attachment Instructions

Instructions

Print

Entire Document

Current Page

Uploading Documentation:

To upload documents please select the appropriate Attach Button below. To add additional documents not specifically listed below use the Additional Supporting Documentation box below. Note the Add Row Button is available to allow as many documents as needed to be attached.

Attachments

Attach

Delete

License *

Attach

Delete

Department of Health Professions

Attach

Delete

Electronic Claims Exemption Supporting Documentation *

Attach

Delete

Board of Directors List

Additional Supporting Documentation

Attach

Delete

Add Row

If you are not able to upload the required documents listed above, they may be mailed or faxed using the details below or uploaded at a later time. You will be able to submit without the required attachments but it will cause the application to pend for missing documents until they are received.

Faxing Instructions:

Virginia Medicaid Provider Enrollment Services

Toll-free 888-335-8476

Mailing Instructions:

Virginia Medicaid Provider Enrollment Services

PO Box 26803

Richmond, VA 23261-6803

Please note you will not be able to make changes to, print, or save your enrollment application once you select Submit. Virginia Medicaid Provider Enrollment Services (PES) encourages you to print and save your enrollment application for your records. If you wish to print and save a copy of your enrollment application you can do so by clicking on the Print button in the left navigation bar for printing the Entire Document or by clicking on the Print Current Page for each page. The application is printed as a PDF.

You will receive a confirmation page once you have completed your application and it is submitted. Keep the tracking number that you have previously been provided in a safe and secure place. You will need your tracking number to track the status of your enrollment application.

If you have any questions regarding your enrollment application you can contact us at www.virginiamedicaid.dmas.virginia.gov or by telephone at toll-free 1-888-829-5373 or local 1-804-270-5105.

The last step in your enrollment process is to select the Submit on this page. By submitting this application you attest that all information you have provided is correct, accurate and true.

<<Prev

Next>>

Save

Close

Submit

Data Elements

Data Element Name (ID)	Instructions
Attachment Type Indicator (PDE-0975)	This indicates the type of attachment needed. This field is optional (or situationally required).
Attachment File Name (PDE-0976)	This is the name of the file to be attached. This field is optional (or situationally required).

Screen Navigation

Button	Action	Link
Attach	Opens a pop-up window to allow the	N/A

	user to enter (or browse to) a file name to attach to the form.	
Delete	For regular attachments, this clears the file name that appears in the attachment text box. For additional supporting documentation, this deletes the associated instance of additional supporting documentation.	N/A
Add Row	Adds a new row to the entering of additional supporting documentation.	PES-S-0012
<< Prev	For most Application Groups, this navigates to the Online Provider Enrollment – Participation Agreement screen. Application Groups 10 and 22 navigate to the Online Provider Enrollment – Attestation Letter screen.	PES-S-0011 or PES-S-0017
Save	This saves the application in it's current state and displays a message box with the message 'Your application has been saved successfully'.	PES-S-0012
Close	Closes the application and exits the current screen.	PES-S-0099
Submit	Submits the application to the system and navigates to the Submit Complete screen.	PES-S-0098
Make Payment and Submit	Navigates to the Provider Enrollment Application or Revalidation – Payment screen. This button is only applicable when "No" was answered to the question "I have paid an application fee within the last 12 months" and "I will pay the application fee to Virginia Medicaid" was checked.	PES-S-0013
www.viriniamedicaid.dmas.virginia.gov	Navigates to the Public Portal - Home Page.	PUB-S-0001
Welcome	If the data on the current page is clean, it navigates to the Online Provider Enrollment – Welcome screen.	PES-S-0005
Provider Demographic	If the data on the current page is clean, this link navigates to the first page of the Online Provider Enrollment – Provider Demographic Information screen.	PES-S-0006
Ownership	If the data on the current page is clean,	PES-S-

	this link navigates to the Online Provider Enrollment –Disclosure of Ownership and Control Information for Disclosing Entity screen.	0007
Payment	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Claim Payment and Processing Information screen.	PES-S-0008
Home Community	If the data on the current page is clean, this navigates to the Online Provider Enrollment – Home and Community Based Care Services Demographic screen. This link is only available for Application Groups 4, 12, and 14 through 19.	PES-S-0009
Reassignment of Benefits	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Reassignment of Benefits screen. This link is available only for Application Groups 2 and 8.	PES-S-0010
Participation Agreement	If the data on the current page is clean, this link navigates to the Online Provider Enrollment – Participation Agreement screen.	PES-S-0011
Attachment Instructions	This link navigates to the Online Provider Enrollment – Uploading Documentation screen, which is the current screen.	PES-S-0012
Instructions	Opens the Virginia Medicaid Web Portal Provider Enrollment – Enrollment Form Instructions screen in a new window.	PES-S-0021
Print Entire Document	Allows the user to print the entire Enrollment Form for their records.	N/A
Print Current Page	Allows the user to print the current page of the Enrollment Form for their records.	N/A

Error Messages

Description	Resolution
N/A	

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Attachment Instructions link in the upper left corner of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Provider Enrollment Application or Revalidation – Payment - PES-S-0013

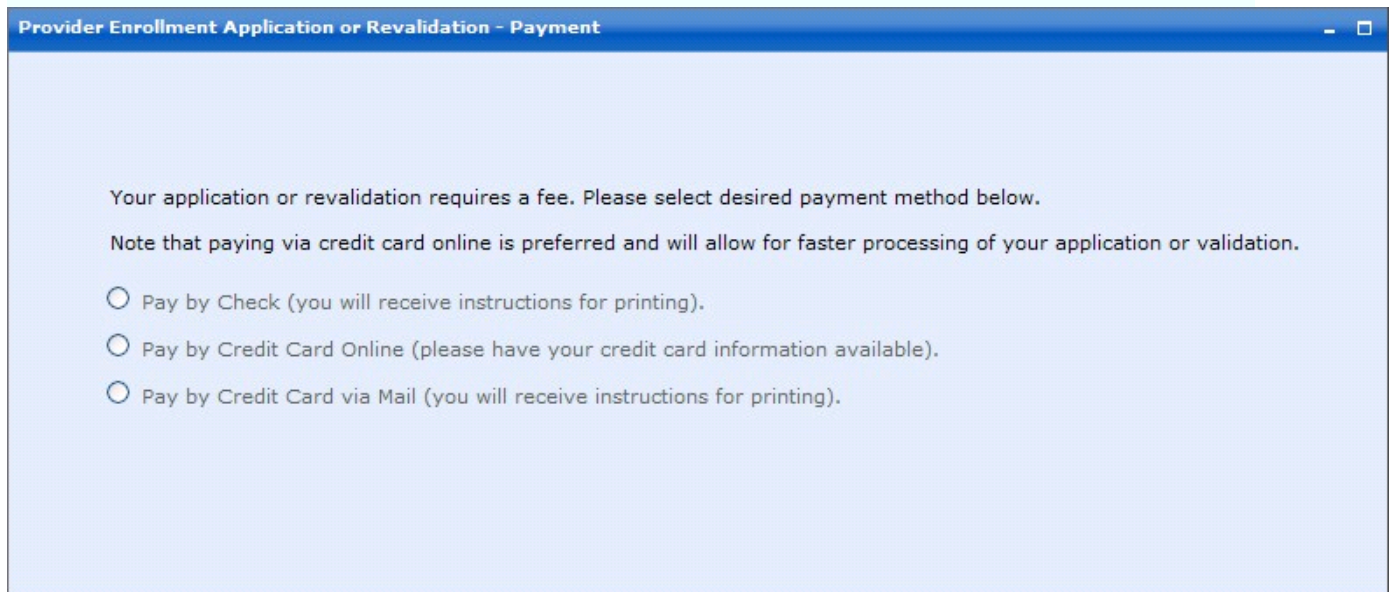
General Information

This screen is the first screen in the set of fee payment screens and allows the user to select the method of payment.

This screen applies to all Application Groups but only appears when “No” was answered to the disclosure question “I have paid an application fee within the last 12 months” and “I will pay the application fee to Virginia Medicaid” was checked.

Screen Name	Provider Enrollment Application or Revalidation – Payment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Add, Update

Screen Sample – PES-S-0013



Provider Enrollment Application or Revalidation - Payment

Your application or revalidation requires a fee. Please select desired payment method below.

Note that paying via credit card online is preferred and will allow for faster processing of your application or validation.

☐ Pay by Check (you will receive instructions for printing).

☐ Pay by Credit Card Online (please have your credit card information available).

☐ Pay by Credit Card via Mail (you will receive instructions for printing).

Data Elements

Data Element Name (ID)	Instructions
Payment Type Ind (PDE-0977)	Indicates the desired method of payment for the enrollment application or revalidation fee. This field is required.

Screen Navigation

Button	Action	Link
IE Back Arrow	Use the Internet Explorer back arrow to return to the Online Provider Enrollment – Uploading Documentation screen.	PES-S-0012
Pay by Check	Navigates to the Application/Revalidation – Check Payment screen.	PES-S-0014
Pay by Credit Card Online	Navigates to the Application/Revalidation – Credit Card Payment screen.	PES-S-0015
Pay by Credit Card via Mail	Navigates to the Application/Revalidation – Credit Card Payment by Mail screen.	PES-S-0016

Error Messages

Description	Resolution
N/A	

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Attachment Instructions link in the upper left corner of the screen.
- Click the Make Payment and Submit button in the bottom right corner.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Application/Revalidation – Check Payment - PES-S-0014

General Information


This screen the information necessary for the provider to make the fee payment.
This screen applies to all Application Groups when a fee was indicated as payable.

Screen Name	Application/Revalidation – Check Payment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire

Screen Sample – PES-S-0014

Application/Revalidation - Check Payment

Print Done



COMMONWEALTH of Virginia
Department of Medical Assistance Services

NPI - [REDACTED] Name/Org - [REDACTED]

To pay the application/revalidation fee by mail, please follow the instructions below.

- Print this page and include a copy with the check when it is mailed.
- To ensure that the payment is credited to the correct application.
 - Add the Application/Revalidation Tracking Number to the memo line on the check.
Application/Revalidation Tracking # 2013267111
 - Once this page is printed , print the check number in the space below.
Paying amount due of \$532.00 by Check# _____

Please mail the check and this printed page to:

Application fee
Provider Enrollment Services
PO Box 26803
Richmond, VA, 23261-6803

Your Application/Revalidation will begin processing once the check has cleared the bank. You will note the application or revalidation status will then show as 'Submitted'. You can monitor the status from the appropriate (Provider Enrollment or Revalidation) Status Tracking Screen.

For further information, please call Provider Enrollment Services at 1-888-829-5373

Data Elements

Data Element Name (ID)	Instructions
Provider ID (NPI/API)	The NPI or API of the provider making the payment.

(Pde-0610)	Display only.
Provider Name (Pde-0613)	The name of the provider making the payment. Display only.
Appl/Disc/Reval Number (Pde-0753)	This is a unique number assigned to each provider enrollment application. Display only.
Application Payment Amount (PDE-0978)	This is the amount the application fee for the provider. Display only.

Screen Navigation

Button	Action	Link
Print	Prints the check payment page.	N/A
Done	Navigates to the Provider Enrollment – Super User Entry screen.	PES-S-0001

Error Messages

N/A

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Attachment Instructions link in the upper left corner of the screen.
- Click the Make Payment and Submit button in the bottom right corner.
- Select the Pay by Check radio button.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Application/Revalidation – Credit Card Payment - PES-S-0015

General Information

This screen allows entry of the information necessary for the provider to make the fee payment by credit card.

This screen applies to all Application Groups when a fee was indicated as payable.

Screen Name	Application/Revalidation – Credit Card Payment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Update

Screen Sample – PES-S-0015

**COMMONWEALTH of Virginia****Department of Medical Assistance Services**

NPI - 1962484931 Name/Org - null Application/Revalidation Tracking Number - 2013267111

To pay the application or revalidation fee by credit card, Please follow the instructions

SALE**Credit Card Details**

Card Type: *

Card Number: *

Expiration Date(MMY): *

Amount: *

CVV: *

Invoice Number:

Billing Address

Hospital/Facility Name:

First Name: *

Last name: *

Address1: *

Address2:

City: *

State/Province: *

Postal Code: *

Country:

Phone: *

Email Address: *



COMMONWEALTH of Virginia

Department of Medical Assistance Services

NPI - 1962484931 Name/Org - null Application/Revalidation Tracking Number - 2013267111

To pay the application or revalidation fee by credit card, Please follow the instructions

An Error Occurred While Processing Your Request

Error Code : 5000

Error Name : Credit Card Number Invalid

Error Message : The Credit Card Number supplied in the authorization request appears to be invalid.

[Back](#)

Data Elements

Data Element Name (ID)	Instructions
Provider ID (NPI/API) (Pde-0610)	The NPI or API of the provider making the payment. Display only.
Provider Name (Pde-0613)	The name of the provider making the payment. Display only.
Appl/Disc/Reval Number (Pde-0753)	This is a unique number assigned to each provider enrollment application. Display only.
Credit Card Type	Type of credit card being used for the application fee. This field is required.
Card Number	Credit card number being used for the application fee. This field is required.
Card Expiration Date	Expiration date of the credit card. This field is required.
Application Payment Amount (PDE-0978)	This is the amount the application fee for the provider. Display only.
Credit Card Security Code	Security code on the credit card. This field is required.
Invoice Number (Pde-0753)	Application Payment Invoice Number/Application Number. Display only.
Credit Card Owner – Hospital/Facility Name	Hospital/Facility name. This field is required.
Credit Card Owner – First Name	Credit card owner first name. This field is required.
Credit Card Owner – Last Name	Credit card owner last name.

	This field is required.
Credit Card Owner – Address	Credit card owner address line 1. This field is required.
Credit Card Owner – City	Credit card owner city. This field is required.
Credit Card Owner – State	Credit card owner state. This field is required.
Credit Card Owner – Postal Code	Credit card owner zip code. This field is required.
Credit Card Owner – Country	Credit card owner country This field is optional (or situationally required).
Credit Card Owner – Phone	Credit card owner phone. This field is required.
Credit Card Owner – Email	Credit card owner email address. This field is required.
Error Code (PDe-0985)	This is a unique number assigned to each error message. Display only.
Error Name (PDE-0986)	This is a unique name assigned to each error message. Display only.
Error Message (PDE-0987)	This is a message detailing the error. Display only.

Screen Navigation

Button	Action	Link
Back	Returns to the Application/Revalidation – Credit Card Payment screen.	PES-S-0015
Process	Navigates to either the Payment Success or Payment Denial pages	PES-S-0018 or PES-S-0022

Error Messages

Description	Resolution
Credit Card Number Invalid	Enter a valid credit card number.
Required Field Not Supplied	Enter valid data in all fields with a red asterisk beside them.
Amount Invalid	Enter a valid amount in the Amount field.

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page

- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Attachment Instructions link in the upper left corner of the screen.
- Click the Make Payment and Submit button in the bottom right corner.
- Select the Pay by Credit Card radio button.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Application/Revalidation – Credit Card Payment by Mail - PES-S-0016

General Information

This screen displays a form for the provider to use to make the fee payment by credit card by mail. This screen applies to all Application Groups when a fee was indicated as payable.


Screen Name	Application/Revalidation – Credit Card Payment by Mail
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire

Screen Sample – PES-S-0016

Application/Revalidation - Credit Card Payment by Mail

Print

Done


COMMONWEALTH of Virginia

Department of Medical Assistance Services
NPI - [REDACTED] Name/Org - [REDACTED]
Application/Revalidation Tracking Number # 2013275303
To pay the application/revalidation fee by mail, please follow the instructions below.

Credit Card Type (i.e. MasterCard, Visa, Discover, Amex): _____
Credit Card Number : _____
Expiration Date : _____
CVV : _____
Credit Card holder's Name: _____
Credit Card holder's Billing Address: _____
Credit Card holder's Phone Number : _____
Email Address : _____

• Please mail this printed page to:
Application fee
Provider Enrollment Services
PO Box 26803
Richmond, VA, 23261-6803

Your Application/Revalidation will begin processing once payment was made.

Please note that the application or revalidation status will then show as 'submitted'. You can monitor the status from the appropriate (Provider Enrollment or Revalidation) Status Tracking Screen.

For further information, please call Provider Enrollment Services at 1-888-829-5373

Data Elements

Data Element Name (ID)	Instructions
Provider ID (NPI/API) (Pde-0610)	The NPI or API of the provider making the payment. Display only.
Provider Name (Pde-0613)	The name of the provider making the payment. Display only.
Appl/Disc/Reval Number (Pde-0753)	This is a unique number assigned to each provider enrollment application. Display only.
Credit Card Type	Type of credit card being used for the application fee. Display only.
Card Number	Credit card number being used for the application fee. Display only.
Card Expiration Date	Expiration date of the credit card. Display only.
Credit Card Security Code	Security code on the credit card. Display only.
Credit Card Owner – Name	Name of the credit card holder. Display only.
Credit Card Owner – Address	Full address of the credit card holder. This field is required.
Credit Card Owner – Phone	Credit card holder phone. This field is required.
Credit Card Owner – Email	Credit card holder email address. This field is required.

Screen Navigation

Button	Action	Link
Print	Prints the payment form.	N/A
Done	Returns to the Provider Enrollment – Super User Entry screen	PES-S-001

Error Messages

N/A

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page

- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Attachment Instructions link in the upper left corner of the screen.
- Click the Make Payment and Submit button in the bottom right corner.
- Select the Pay by Credit Card via Mail radio button.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Online Provider Enrollment – Attestation Letter - PES-S-0017

General Information

This screen displays the attestation letter text.

This screen applies to Application Groups 10 and 22. The screen sample below is only for the Early Intervention enrollment form (Application Group 22).

Screen Name	Online Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Display

Screen Sample – PES-S-0017

Online Provider Enrollment

Provider Demographic
Ownership
Payment
Participation Agreement
Attestation Letter
Attachment Instructions

Instructions
Print
Entire Document
Current Page

Date

Virginia Medicaid Provider Enrollment Services
PO Box 26803
Richmond, VA 23261-6803
804-270-7027 or 888-335-8476 (Fax)

By this letter, I am attesting that I am responsible to adhere to the requirements in the Virginia Medicaid Early Intervention Services Provider Manual and that my employees who provide early intervention services will be certified by the Department of Behavioral Health and Developmental Services prior to the provision of early intervention services. I understand that I must maintain copies of each employee's certification in his/her file and make it available for post payment review. I understand that if an employee is not certified to perform early intervention services and my agency is paid by DMAS for these services rendered by an unqualified employee that such payment is subject to retraction.

☐ I wish to update my current enrollment classification with the Early Intervention specialty code in conjunction with my current provider class type. My current provider class type is _____. (Enter Home Health Agency, Mental Health Provider, Mental Retardation Provider, Outpatient Rehabilitation Agency or Private Duty Nursing.)

☐ I wish to update my current enrollment with the Early Intervention provider class type. (A completed Early Intervention application is required)

☐ I am enrolling for the first time and am submitting an Early Intervention application to provide services under the Early Intervention provider class type. (A completed Early Intervention application is required.)

Facility Director

Poo's Child Development
Facility Name

1962484931
National Provider Identifier (NPI)

Address

Sincerely,

Facility Director/Date

<<Prev Next >> Save Close

Data Elements

Data Element Name (ID)	Instructions
Early Inter-vention – Class	This indicates whether the provider wishes to update their current enrollment classification with the Early Intervention specialty code in conjunction with their

Type Update (PDE-0979)	current provider class type. Applies to Application Group 22 only. This field is optional.
Provider Name (Pde-0613)	The name of the provider. Display only.
Provider ID (NPI/API) (Pde-0610)	The NPI or API of the provider. Display only.

Screen Navigation

Button	Action	Link
<< Prev	Returns to the previous page, which would be the Online Provider Enrollment – Participation Agreement screen.	PES-S-0011
Next >>	Navigates to the Online Provider Enrollment – Uploading Documentation screen.	PES-S-0012
Save	This saves the application in it's current state and displays a message box with the message 'Your application has been saved successfully'.	PES-S-0017
Close	Closes the application and exits the current screen.	PES-S-0099

Error Messages

N/A

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Attestation Letter link in the upper left corner of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

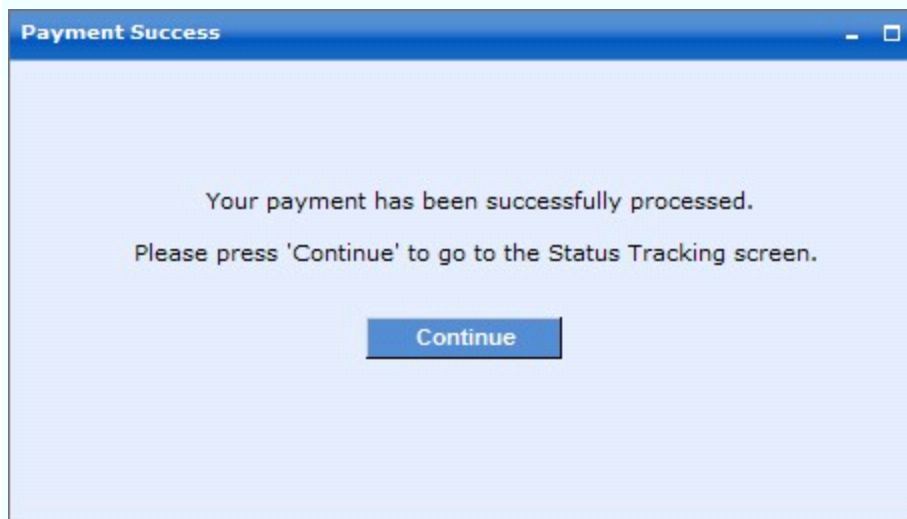
Payment Success - PES-S-0018

General Information

This screen notifies the user that the payment was successful.
This screen applies to all Application Groups.

Screen Name	Payment Success
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire

Screen Sample – PES-S-0018



Data Elements

N/A

Screen Navigation

Button	Action	Link
Continue	Navigates to the Provider Enrollment - Application Status Tracking screen.	PES-S-0002

Error Messages

N/A

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page

- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Attachment Instructions link in the upper left corner of the screen.
- Click the Make Payment and Submit button in the bottom right corner.
- Select the Pay by Credit Card radio button.
- After entering all necessary data, click the Process button.
- If the payment was successful, this page will be displayed.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Provider Enrollment – Upload Files - PES-S-0019

General Information

This screen allows the user to upload files for the application.
This screen applies to all Application Groups.

Screen Name	Provider Enrollment
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Add, Update

Screen Sample – PES-S-0019

Provider Enrollment

Select a file to upload. Only doc, docx, pdf, xls, bmp, TIFF, PNG, GIF or JPEG files can be uploaded

Uploaded Files	Action
<input type="button" value="Done"/>	

Data Elements

Data Element Name (ID)	Instructions
Attachment File Name (PDE-0976)	This is the name of the file to be attached. This field is optional.

Screen Navigation

Button	Action	Link
Browse	Opens a pop-up window to allow the user to browse to a file name to attach to the form.	N/A
Add File	Adds the entered file name to the list of Uploaded Files.	N/A
Remove File	Removes the associated file from the list of Uploaded Files.	N/A
Done	Completes the upload process and navigates to the Provider Enrollment – Application Status Tracking screen.	PES-S-0002

Error Messages

N/A

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is for internal use only.
- Click the Upload link in the Action column of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Provider Enrollment – General Instructions - PES-S-0020

General Information

This screen displays general instructions for filling out the provider enrollment application.
This screen applies to all Application Groups.

Screen Name	General Instructions
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire

Screen Sample – PES-S-0020

<div>Virginia Medicaid Web Portal Provider Enrollment</div> <div>General Instructions</div> <div><ul style="list-style-type: none">• If you are applying for both an individual provider number and a group provider number you must complete a separate application for each number.• For all date fields, please use the date format (mm/dd/yyyy) unless otherwise indicated.• Individual Provider Applications must be signed by the Individual applying for the Provider Number.• Please complete all areas of the application, unless otherwise indicated.• After completing each page of your application, click the “Next” button to continue the application process and follow the steps to validate your application.</div>

Data Elements

N/A

Screen Navigation

N/A

Error Messages

N/A

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible to internal users only.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking Screen
- Click the General Instructions link on the left side of the upper portion of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Provider Enrollment – Enrollment Form Instructions - PES-S-0021

General Information

This screen displays instructions for filling out the provider enrollment application.
This screen applies to all Application Groups.

Screen Name	Enrollment Form Instructions
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire

Screen Sample – PES-S-0021

<div>Virginia Medicaid Web Portal Provider Enrollment (Group 4)</div>
<div>Enrollment Form Instructions</div>
<div>SECTION I: PROVIDER DEMOGRAPHIC INFORMATION</div>
<div><div>1. Atypical Provider Identifier (API)</div><div>Adult Day Health Care provider category has been identified as an Atypical provider category. As such you will be assigned a ten-digit Atypical Provider Identifier (API) for you to use when your application is approved. Your new ten-digit API number is to be used on all Medicaid business transactions including electronic and paper claims, Automated Response System telephone service (ARS) and Prior Authorizations (PA).</div><div>Some Atypical Providers may have successfully obtained a National Provider Identifier (NPI) because they provide other services that qualify them as a healthcare provider according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules. If this is the case enter your 10-digit NPI. If you are a business, enter your organization's NPI. More information about the NPI and how to obtain one can be found at http://www.cms.gov under Regulations and Guidance, HIPAA Administrative Simplification, National Provider Identifier Standard (NPI).</div></div>
<div>2. National Provider Identifier (NPI) (Required for Private Duty Nursing Services)</div>

Data Elements

N/A

Screen Navigation

N/A

Error Messages

N/A

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Instructions link in the upper left corner of the screen.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

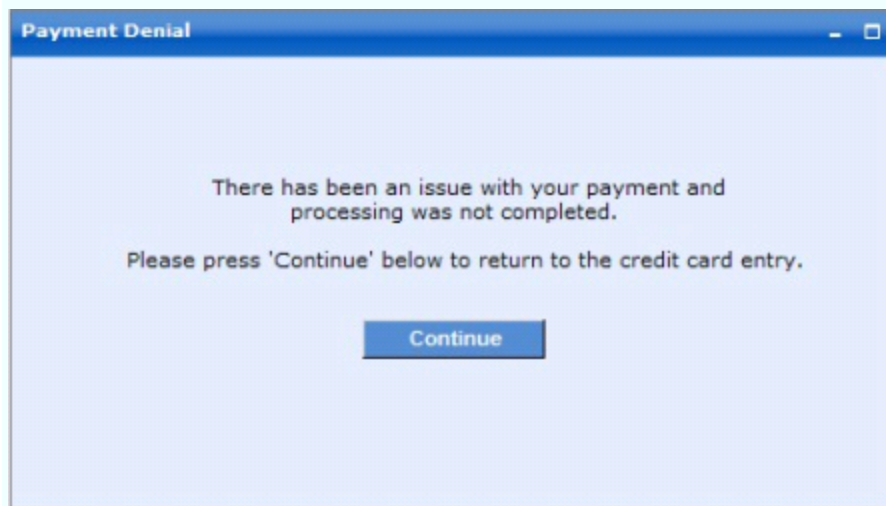
Payment Denial - PES-S-0022

General Information

This screen notifies the user that the payment was denied for errors.
This screen applies to all Application Groups.

Screen Name	Payment Denial
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire

Screen Sample – PES-S-0022



Data Elements

N/A

Screen Navigation

Button	Action	Link
Continue	Navigates to the Application/Revalidation – Credit Card Payment screen.	PES-S-0015

Error Messages

N/A

Screen Access

- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page

- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Next >> button on the Online Provider Enrollment – Welcome screen
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Attachment Instructions link in the upper left corner of the screen.
- Click the Make Payment and Submit button in the bottom right corner.
- Select the Pay by Credit Card radio button.
- After entering all necessary data, click the Process button.
- If the payment was un-successful for any reason, this page will be displayed.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Submit Completed - PES-S-0098

General Information

This is a confirmation screen indicating that the application has been submitted.
This screen is applicable for all Application Groups.

Screen Name	Submit Completed
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire

Screen Sample – PES-S-0098

Submit Complete

Thank you for submitting your application online. You may check the status of your application on the main enrollment home page or by contacting the Provider Enrollment Services at the number listed below - please reference your application tracking number when calling.

Application Tracking Number

Application Tracking Number : 2013263045

Ok

For assistance, please contact Virginia Medicaid Provider Enrollment Services at 888-829-5373.

Data Elements

Data Element Name (ID)	Instructions
Appl/Disc/Reval Number (Pde-0753)	Unique number assigned to the application for tracking purposes. Display only.

Screen Navigation

Button	Action	Link
OK	Navigates to the Provider Enrollment – Application Status Tracking screen.	PES-S-0001

Error Messages

N/A

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id

- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.
- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Close button on any screen that has one.
- When entering a new application or updating an application, the data on the current screen must be clean before navigation away from the current screen is possible. If data is clean, click the Attachment Instructions link in the upper left corner of the screen.
- Click either the Submit or Make Payment and Submit button.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

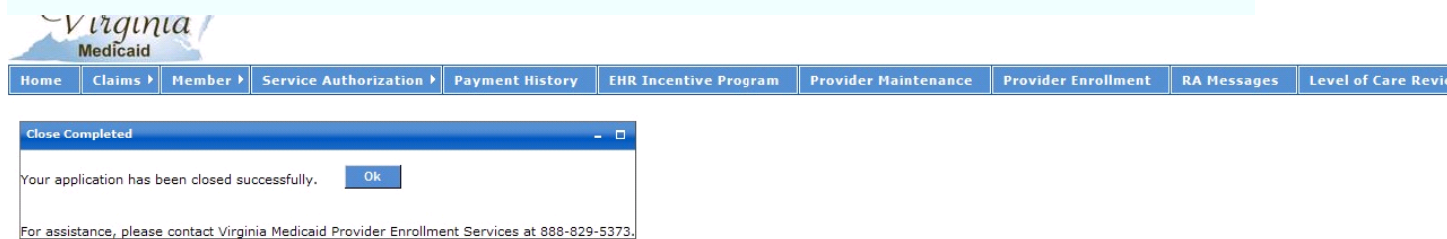
Close Completed - PES-S-0099

General Information

This is a confirmation screen indicating that the application has been successfully closed.

Screen Name	Close Completed
Source/Originator	Provider Enrollment, Provider, Super user
Usage	Inquire

Screen Sample – PES-S-0099



Data Elements

N/A

Screen Navigation

Button	Action	Link
OK	Navigates to the Provider Enrollment – Application Status Tracking screen.	PES-S-0001

Error Messages

N/A

Screen Access

- Access Web Portal (www.viriniamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Enrollment Tab on the Providers Welcome Page
- Login on the Provider Enrollment – Super User Entry screen using a Provider ID or User ID. This screen is visible only to internal users.

- Select the Add New Application button from the Provider Enrollment – Application Status Tracking screen
- Select the type of enrollment form and click the Continue >> button
- Click the Continue >> button on the Become a Provider – General Instructions screen
- Click the Close button on any screen that has one.

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Tables – MMIS/DB2

There are no MMIS/DB2 tables utilized in the Provider Enrollment processing.

Tables - Portal

- Application Storage Table - PES-T-0001

Application Storage Table - PES-T-0001

General Information

This table contains all of the information that was entered during the provider enrollment process and is used to create the Provider Enrollment Portal Batch File (PES-F-0001) that goes to the MMIS. Most of the application details are either in a CLOB (Character Large Object) field.

Data Elements

Data Element Name	Field Length	Description
WP_APPL_ID	20	Application ID
WP_APPL_DATA_CLOB		Application Data CLOB (Character Large Object)
WP_APPL_APPRVL_EXPIR_DT		Approval Expiration Date
WP_VER_NUM	3,0	Version Number
WP_CMPLTD_APPL_DATA		Completed Application Data
WP_APPL_REC'D_DT		Application Received Date
L_HIBERNATE_VER_NUM	9,0	Hibernate Version Number
G_AUD_USER_ID	30	Audit User ID
G_AUD_TS	6	Audit Timestamp
G_AUD_ADD_USER_ID	30	Audit Add User ID
G_AUD_ADD_TS	6	Audit Add Timestamp
WP_PTY_CD	5	Provider Type Code
WP_APPL_STAT_CD	2	Application Status
WP_ORIGINAL_DCN_ID	14	Original Document Control Number
WP_USER_SK	15	User Unique ID
WP_APPL_DATA_CLOB Layout	20	Application Data CLOB Layout